


7-1998

## Jefferson Alumni Bulletin – Volume XLVII, Number 3, July 1998

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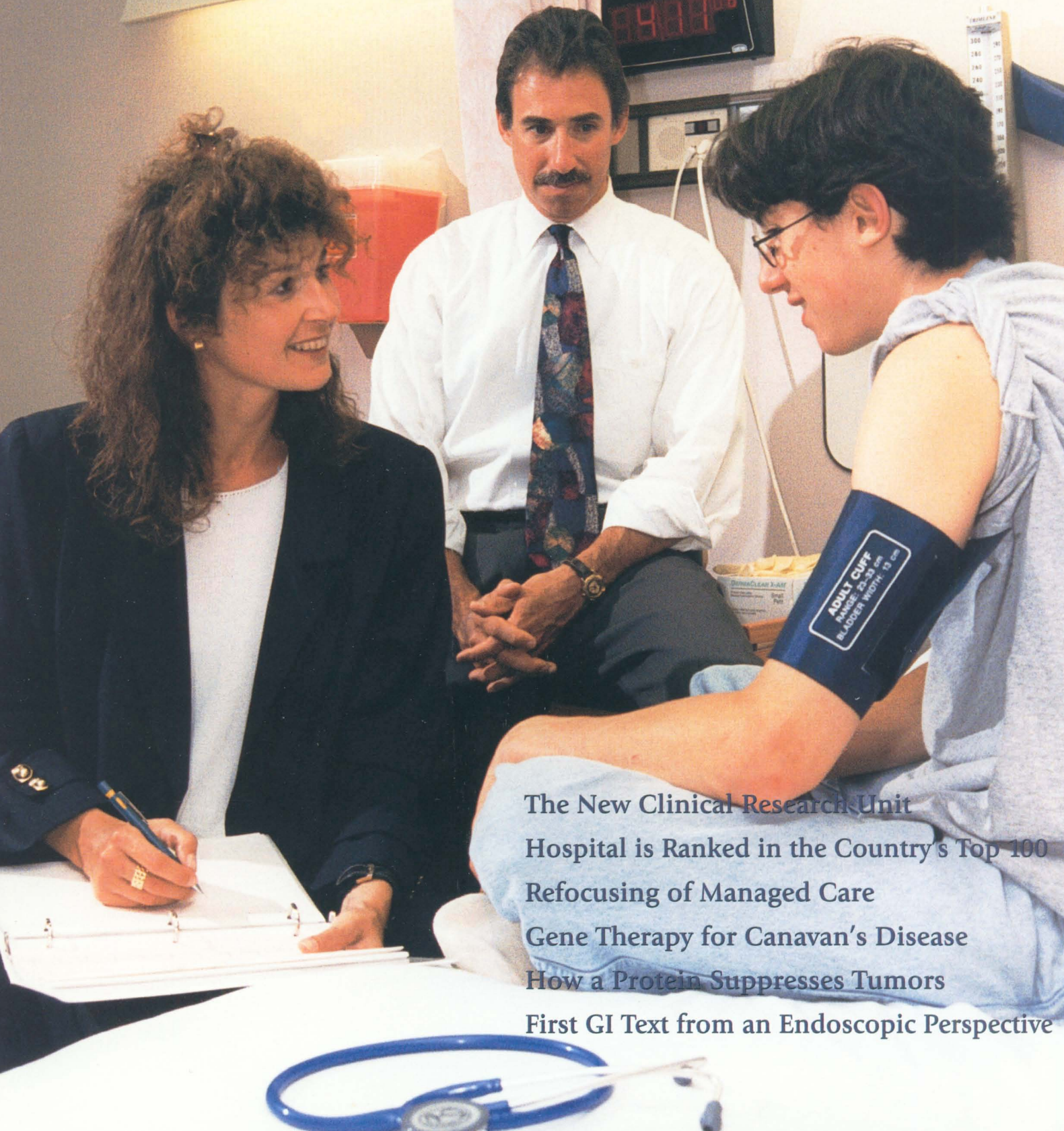
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# JEFFERSON

MEDICAL COLLEGE ALUMNI BULLETIN  
JULY 1998



The New Clinical Research Unit  
Hospital is Ranked in the Country's Top 100  
Refocusing of Managed Care  
Gene Therapy for Canavan's Disease  
How a Protein Suppresses Tumors  
First GI Text from an Endoscopic Perspective



## Upcoming Events

August 27, Thursday

Welcome for families of the freshman class

September 15, Tuesday

Alumni reception at the meeting of the American Academy of Otolaryngology, San Antonio, TX

September 24, Thursday

Alumni Executive Committee Meeting

October 18, Sunday

Alumni reception at the meeting of the American Society of Anesthesiologists, New Orleans, LA

October 27, Tuesday

Alumni reception at the meeting of the American College of Surgeons, Orlando, FL

October 29, Thursday

Alumni Executive Committee Meeting

November 10, Tuesday

Alumni reception at the meeting of the American Academy of Ophthalmology, New Orleans, LA

December 1, Tuesday

Alumni reception at the meeting of the Radiological Society of North America, Chicago, IL

December 2, Wednesday

Career Day for members of the Sophomore Class

December 3, Thursday

Alumni Executive Committee Meeting

January 16–24

CME trip to Costa Rica

January 20, Wednesday

Reception for freshmen

March 12, Friday

Parents' Day for sophomores

Reunion Weekend 1999

June 4, Friday, Alumni Banquet

June 5, Saturday, Clinic Presentations, Reunion Parties

June 6, Sunday, Farewell Brunch

## Continuing Medical Education

AMS Bi-Annual Meeting and Postgraduate Course

Program Director: Dr. Satish Rattan

August 19–22

Location: Sheraton Society Hill, Philadelphia

For information call 1-888-JEFF-CME

Seventh Annual Program in High Risk and Critical Care Obstetrics

Program Directors: Nan H. Troiano, R.N., M.S.N.; L. Weiner, M.D.

October 12–17

Location: Jefferson Alumni Hall, 1020 Locust Street

For information call 1-888-JEFF-CME

Bringing Care-Givers Closer to the Patient:

A Wish List for the 21st Century

Conference on the occasion of the 100th anniversary of Atlantic City Medical Center

October 16 from 8:00 till 4:00

Location: Sheraton Atlantic City Convention Center Hotel

CME supported by Jefferson Medical College

For information call Andrea Imperatore, 1-609-569-7889

# Jefferson Medical College Alumni Bulletin

On-Line at <http://jeffline.tju.edu/CWIS/JMC/alumni/bulletin.html>

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**On the cover:** In the new Clinical Research Unit, Maria Luisa Veronese, M.D., one of two Clinical Pharmacology fellows supported by an NIH training grant, sees a patient with Scott A. Waldman, M.D., Ph.D., the Samuel M. V. Hamilton Family Associate Professor of Medicine (see page 5). photo by Don Walker

Gwieneverea  
Duncan-Awodesu  
'00 with her child  
and her parents  
Mr. and Mrs.  
Baron Duncan  
at Parents' Day



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# Drug Development and Clinical Trials

by John J. Gartland S'44

Testing and evaluating new drugs and medical devices in the United States is a \$3.2 billion business.<sup>1</sup> It has been estimated that 65,000 to 70,000 drug trials take place each year in this country, involving as many as five million people. Increasingly, pharmaceutical companies are forging partnerships with academic health centers to assist in drug development efforts because these centers possess large and diverse patient bases. Jefferson, like a number of other universities, has an active drug development and evaluation program in place which is used by university scientists and the pharmaceutical industry to test and evaluate new drugs for the treatment of a variety of human conditions.

To have a successful drug development and clinical trials effort, an academic health center needs to have an active division of clinical pharmacology and a state-of-the-art clinical research unit. Today, Jefferson has both, and now is partnering successfully with pharmaceutical and biotechnology companies and university scientists to develop and test new drugs and new treatments to improve patient care. The steps Jefferson took to build an appropriate campus infrastructure for a strengthened clinical trials activity were described in the December 1996 *Bulletin*. The new Clinical Research Unit is directed by Scott A. Waldman, M.D., Ph.D., the Samuel M. V. Hamilton Family Professor of Medicine, and Director of the Division of Clinical Pharmacology in the Department of Medicine.

A successful clinical trials activity not only enhances the reputation of an institution, but also brings additional funds to support clinical research. The human volunteers who consent to participate in clinical trial research, and the agencies that provide funding support do so with the understanding that the work will make a contribution to knowledge. Jefferson's presently successful drug development and clinical trials programs did not arise de novo but, rather, evolved over a period of more than 30 years. This is the story of the evolution of this activity at Jefferson, its early struggles and failures, and its ultimate success.

During the mid-1960s, the investigative interests of some Jefferson faculty members in cancer chemotherapy, hematologic disorders, and hemodialysis led to the establishment of the first Clinical Research Center at Jefferson in 1964. This was a 10-bed unit, supported initially by funding from the National Institutes of Health, and located in the Main Hospital Building. Its first director was Dr. Lawrence G. Wesson, who was followed as director by Dr. O. Dhodanand Kowlessar. Funding sources for investigative clinical research proved to be scarce at the time. There was not much interest among pharmaceutical companies for partnering with academic health centers for drug development in the mid-1960s because the drug companies considered academic medical centers to be too expensive and inefficient as far as drug trials were concerned. This first Clinical Research Unit had difficulty generating funds for its activities and was closed in 1971 because of insufficient funding.

A presence in clinical pharmacology was established at Jefferson in 1966 when the Smith, Kline, and French Foundation provided funds to the institution to develop a joint Division of Clinical Pharmacology in the Departments of Medicine and Pharmacology. Clinical pharmacology is the study of drugs in humans, and its principal concerns are the effect of the human body on the drug (drug disposition), the effect of the drug on the human body (pharmacodynamics), and the disposition of the drug in the human body over a period of time (pharmacokinetics). However, this division remained intact at Jefferson only until 1973 when it was discontinued, again because of insufficient funding.

Jefferson's present clinical pharmacology program began in 1975 when senior officials of the Merck Sharp and Dohme Research Laboratories approached the senior officers of Thomas Jefferson University with a proposal for a collaborative clinical pharmacology venture. Their proposal included funding the establishment of a new Clinical Research Center at Jefferson which would support Merck drug development by performing Phase One clinical trials. This proposal also allowed Jefferson to undertake other drug development projects from a variety of other funding sources. A unique feature of the Merck proposal was that, unlike similar units funded by other pharmaceutical

<sup>1</sup>Blumenstyk, G. and Wheeler, D. L.: Academic medical centers race to compete in the \$3.2 billion drug testing market. *The Chronicle of Higher Education*, March 20, 1998, A39-A40.



companies, this new Jefferson Clinical Research Center was to be totally under control of the university, even though the major portion of the funding would come from Merck. This new Clinical Research Unit was established by the Division of Clinical Pharmacology in the Department of Medicine. It was located on the fifth floor of the Main Hospital Building, and was called the Merck-Jefferson Collaborative Research Program in Clinical Pharmacology.

Dr. Roger Ferguson, whose principal interest was in cardiovascular drug research, was recruited in 1977 to become the first Director of the new Clinical Pharmacology Program and the Clinical Research Unit. He shortly undertook the first human investigation of a new class of agents, the angiotensin converting enzyme inhibitors (ACE inhibitors). The evaluation of ACE inhibitors in hypertension at Jefferson included dose-response, mechanism of action, comparative efficacy, and drug interaction studies with captopril, enalapril, and lisinopril. The ACE inhibitors subsequently proved to be valuable agents for treating patients with hypertension and congestive heart failure. The research faculty of the Clinical Research Unit was expanded over the next 10 years, and important studies were done on diuretics, nonsteroidal anti-inflammatory drugs, antibiotics, ophthalmologic agents, and psychotherapeutic drugs, resulting in over 130 publications. The Clinical Research Unit was incorporated into the Department of Medicine as the Division of Clinical Pharmacology in 1984.

Dr. Ferguson left Jefferson in 1986 to assume the Chair in Medicine at another institution. He was replaced as Director by Dr. Thorir Bjornsson. As an expression of its commitment to clinical pharmacology and its desire to expand the scope of divisional research, the Department of Medicine provided funding for the construction of a large and well equipped investigative laboratory in the Medical Office Building, 1100 Walnut Street, a laboratory whose sole purpose is to support the drug development and research activities of the Division of Clinical Pharmacology and the Clinical Research Unit. Over the next several years, SmithKline Beecham and Rhone-Poulenc-Rorer joined Merck as major financial supporters of Jefferson's expanding clinical trials activities. Dr. Bjornsson expanded the

faculty of the Division of Clinical Pharmacology, many of whom were investigators with extramurally funded research programs. These divisional faculty were committed to developing a stronger program in drug development through clinical and basic research, and to training future clinical pharmacologists in the design, implementation, and analysis of human clinical trials to support drug discovery and development. Dr. Bjornsson received a prestigious Pharmaceutical Manufacturers Association Development Grant for Clinical Pharmacology in 1987 for expansion of the division mission. In 1986, Jefferson made a major commitment to expansion of the facilities, faculty, and programs of the Division of Clinical Pharmacology. It would encompass human clinical pharmacology, including Phase One to Three clinical trials for pharmaceutical and biotechnology partners and investigator-initiated clinical research programs of Jefferson faculty members, and basic research in fundamental aspects of clinical pharmacology, pharmacodynamics, and pharmacokinetics. Dr. Bjornsson resigned from Jefferson in 1996 to accept a position in the pharmaceutical industry, and was replaced by Scott A. Waldman, M.D., Ph.D., the present Director of the Division of Clinical Pharmacology and Director of the Clinical Research Unit.

## The New Clinical Research Unit

In January 1997, the university again made a major commitment to expanding the Division of Clinical Pharmacology and built a new Clinical Research Unit on the 11th floor of Thompson Annex. This new 16-bed Clinical Research Unit within the Division of Clinical Pharmacology now is the setting in which Jefferson researchers conduct Phase One, Phase Two, and, in some instances, Phase Three clinical drug trials. This makes it easier for scientific data to move from the laboratory to the patient, and strengthens Jefferson's collaborative research efforts with pharmaceutical and biotechnology companies. The future of clinically based pharmaceutical research at Jefferson was enhanced further in 1997 when the institution was invited to join the new SmithKline Beecham Academic Partnership, an agreement with 17 academic health



centers for drug development. This is accompanied by significant dollar amounts for Jefferson research efforts. The program stresses development of emerging new drugs in a wide variety of areas. This agreement specifies that clinical trials must be of very high quality, with time lines for completion, comparing one university partner with the others to achieve optimum trial results.

## How Drugs Are Developed

A possible new drug for a specific medical condition can be developed in one of several ways. Pharmaceutical companies regularly commit large amounts of time and money to the development of new drugs, many of which prove to be either unsuitable or ineffective upon further testing. A research clinical pharmacologist, or other scientist, might get an idea for a possible new drug for some specific medical condition. The scientist would then formulate the new compound and perform biochemical and pharmacological assays in the laboratory to see if the formulated new compound produced the desired effect. A new and much faster approach to drug design that is revolutionizing drug development is called rational drug design, or structure-based drug design. It uses innovative computer technology combined with many other disciplines to speed the drug development process. Jefferson has a Rational Drug Design Program, directed by Ziwei Huang, Ph.D., which uses this new technology to develop new medicines, several of which are now in clinical trials (see the December 1996 *Bulletin*). Rational drug design begins with the identification of a molecular target, such as a protein, by genetic and molecular biological techniques, and the structural study of the target by high-resolution crystallography and nuclear magnetic resonance spectroscopy. Structural information about the target is exploited by the computer to design potential drug molecules that regulate the specific function of the target. The designed molecules then are synthesized and modified using peptide and organic chemistry techniques, and tested for biological efficacy in various in vitro and in vivo assay systems, and the most promising candidate is generated for clinical trials.

Before any newly developed drug can be submitted to clinical trials, it must be shown that it is safe, well tolerated, produces no undesirable side effects, and gives some assurance of producing the desired effect in a test animal. This step is called the Preclinical Phase of Development and involves testing the new drug in animal models of the particular disease in question to collect information about the drug's effectiveness. This phase of testing also must demonstrate that the drug is safe and well tolerated in the animal model. The drug also must be shown to produce no untoward effects, such as being a carcinogen. Once a new drug has satisfied the demands of the Preclinical Phase of

Development, it is ready for Phase One clinical trials which are carried out in Jefferson's new Clinical Research Unit.

The newly constructed Jefferson Clinical Research Unit stretches between the 11th floor of Thompson Annex and the 11th floor of the Main Building. The Director, Dr. Scott A. Waldman, explains how it functions. Administratively, the Clinical Research Unit is within the Division of Clinical Pharmacology in the Department of Medicine. The research space is a self-contained, locked, 16-bed facility in which Phase One and Phase Two clinical trials are carried out. It has its own fully equipped investigative pharmacy unit and a satellite laboratory for the main laboratory of investigative medicine in the Medical Office Building where all the investigative laboratory work associated with clinical trials evaluation is done. The Clinical Research Unit also contains dedicated administrative space where the academic scientists and support personnel coordinate the clinical trials and analyze the resulting data. In addition to Dr. Waldman, the unit's personnel include two physicians, a director of the analytical laboratory, two clinical fellows, one nurse practitioner, three research nurses, and three clinical coordinators. There also are research secretaries, preclinical coordinators, clinical research technicians, analytical laboratory technicians, and a dedicated data processor.

## The Process Involved in a Trial

Before a new drug can be entered into a clinical trial, Dr. Waldman and his staff must obtain approval for the trial from Jefferson's Institutional Review Board. The academic scientists associated with the Clinical Research Unit have the responsibilities of conducting the trials, analyzing the data, and reporting the conclusions. They are assisted by a Biostatistics Section, a university-wide resource, which assists with the design, implementation, and analysis of clinical research programs.

As Dr. Waldman explains, proper evaluation of a new drug should include four phases to be considered a complete trial. A Phase One clinical trial involves testing the drug on normal healthy human volunteers to determine its safety, how well it is tolerated, the appropriate dose range, and its side effects. One of the main purposes of these trials is to establish the appropriate drug dose for Phase Two and Phase Three trials. The pharmacokinetics of the drug are studied in Phase One trials by appropriate laboratory studies. The main purpose of a Phase One trial is to get some measure of the safety and tolerability of the new drug.

A Phase Two trial asks, and hopefully answers, the question of efficacy of the drug in patients with the disease of interest.

Phase Two trials determine if the drug is as safe and as well tolerated in people with the disease of interest, as it was shown to be in normal human volunteers in Phase One. Phase Two trials clarify the appropriate dosage range in patients with the disease, and determine the pharmacokinetics of the drug in these patients.

Phase Three clinical trials are multicenter trials designed to determine the effect of the drug on large numbers of patients with the disease. Investigators look particularly for rare side effects which may show up only when testing a large population of patients with the disease in question. A new drug can gain Federal Drug Administration (FDA) approval after completing Phase Three trials. Phase Four is known as post-marketing surveillance and depends mostly on prescribing physicians in practice notifying either the drug company or the FDA about side effects noted in the population at large.

## An Example: Crixivan™

The clinical research program performed in collaboration with Merck Research Laboratories on their HIV protease inhibitor Crixivan™ exemplifies the best Jefferson has to offer in the area of clinical trials. Phase One studies of Crixivan™ were performed in the Jefferson Clinical Research Unit and, in those studies, Crixivan™ was introduced into humans for the first time. Those studies defined the basic parameters required to test this compound in HIV-infected patients. The Phase One studies defined the pharmacokinetics of the drug, its safety and tolerability, the interaction of the drug with food, the maximum dose tolerated, and the dosing schedule required to maintain drug levels in the blood high enough to kill the virus around the clock. Once that information was identified, Phase Two studies began in which the drug was examined for safety and efficacy in a small number of HIV-infected patients at Jefferson and at another institution. Those Phase Two studies were conducted in close collaboration with Jefferson investigators in the Division of Infectious Diseases, and were studies critical for the drug's development. Patients taking the drug appeared to do well clinically. Surrogate blood markers, including CD4 white cell counts, typically used to follow HIV disease progression in these patients, showed sustained improvement. Once a direct measure of HIV viral load became available, it was apparent that a durable improvement required a sustained decrease in the amount of circulating virus.

These studies were advanced to Phase Three in which the drug was aggressively tested in hundreds of patients in many sites around the country. At that time, studies at Jefferson were transferred to the Division of Infectious Diseases. The Phase

Three studies, in part conducted at Jefferson, demonstrated that Crixivan™, in combination with other anti-HIV drugs, reduced viral load to undetectable levels, essentially putting patients into remission. This drug development program was a remarkable success, progressing from the initiation of Phase One studies to FDA approval in three years. Crixivan™ and other HIV protease inhibitors have changed the way HIV patients are treated and has given them renewed hope for increased disease-free survival.

Dr. Waldman goes on to say that Jefferson's Clinical Research Unit now conducts about 20 Phase One clinical trials per year for a variety of pharmaceutical and biotechnology companies. These trials have involved drugs developed for different purposes, including hypertension, antibiotics, cholesterol lowering drugs, diabetes, and cardiovascular drugs. This unit is not involved in cancer clinical trials which are conducted by the Kimmel Cancer Center. The Clinical Research Unit also supports the clinical trial needs of the institution. If a Jefferson faculty member develops a new drug, this Unit will do Phase One through Phase Three clinical trials for the researcher, after the drug has cleared the Preclinical Phase of Development and the proposed clinical trial has received IRB approval. To date, the unit has evaluated several new Jefferson-formulated drugs developed in the areas of gastroenterology, nephrology, cardiology, endocrinology, pulmonary medicine, and critical care medicine. Dr. Waldman states the unit's workload to date breaks down to approximately 75 percent for pharmaceutical companies and 25 percent related to university faculty.

Robert L. Capizzi, M.D., the Magee Professor and Chairman of the Department of Medicine, confirms that Jefferson is committed to an expanded effort in clinical trials. He states that the development of the Jefferson Health System and the establishment of primary care and specialty networks enables the participation of community physicians in clinical trials and for providing an expanding patient base for referrals to specialized programs. Dr. Capizzi believes Phase One clinical trials will continue to be performed in the Jefferson Clinical Research Unit. However, he visualizes that Phase Two trials will be conducted under the direction of the specific subspecialty involved, such as the Division of Infectious Diseases or the Division of Gastroenterology and Hepatology. Phase Three trials can be expedited through the Jefferson Health System, which includes the Main Line Health System and the Albert Einstein Healthcare Network. Phase Four, or post-marketing surveillance, can be carried out in Jefferson's primary care network. Dr. Capizzi believes this expanded view of Jefferson's clinical trials activity better fulfills the medical college's mission of research, education, and patient care. Available evidence suggests that the drug development program and clinical trials activities at Jeff are successful enterprises. 🧠



# Thomas Jefferson University Hospital is One of the Top 100 in the Country, and the Only One in the Delaware Valley in this Group

Thomas Jefferson University Hospital has been named one of the nation's 100 top hospitals for 1997 in a study released recently by HCIA, Inc. and William M. Mercer, Incorporated. The annual study, *100 Top Hospitals: Benchmarks for Success*, identifies the U.S. hospitals delivering the most cost-efficient and highest quality medical care. Jefferson is the only hospital in the greater Philadelphia region cited in this report.

According to the HCIA-Mercer report, if all U.S. hospitals performed as well as the top 100 hospitals, more than \$24 billion of annual hospital expenses could be avoided, inpatient mortality and complication rates would each drop by 22 percent, profitability would increase by more than 50 percent, and average lengths of stay would decrease by nearly half a day.

"We are pleased that our efforts to manage the hospital while striving to maintain superior care for our patients have been recognized," said Thomas J. Lewis, President and Chief Executive Officer of Thomas Jefferson University Hospital. "I congratulate each of our

employees and all the members of the medical staff for their outstanding performance, which enabled us to achieve this ranking."

The study, now in its fifth year, is based solely on objective, quantitative data that are consistent and complete across the U.S., ensuring that the focus of the analysis is statistical rather than anecdotal evidence for benchmark performance. This year's ranking was based on nine measures of clinical quality practices, operations, and financial management.

Jefferson was among 16 major teaching hospitals with 400 or more beds cited for providing care more economically and with fewer complications than others in the nation.

***Jefferson is in good company, joining such institutions as the Cleveland Clinic Foundation, University of California San Francisco Stanford Health Care, and Brigham and Women's Hospital in Boston.***

The study measured the performances of not-for-profit and for-profit hospitals, dividing the hospitals into five groups according to size.

According to the report, once a hospital attains benchmark status, it tends to continue its solid performance. Among this year's benchmark hospitals, 43 qualified as benchmarks in previous studies.


"The study suggests that performance is improving in all sectors of the hospital industry, among not-for-profit and investor-owned hospitals alike," said John Kralovec, M.D., senior principal with Mercer. "As we closely analyze the performance of these benchmark hospitals, we will be identifying best practices that can be adopted by all hospitals striving for improvement."

Thomas Jefferson University Hospital is a Level One Regional Resource Trauma Center and has been designated by the National Institute of Handicapped Research as a Regional Spinal Cord Injury Center. Other programs with national reputation at Jefferson include breast cancer diagnosis and treatment, cardiac angioplasty, medical genetics, treatment of joint and musculoskeletal disorders, hip replacement, and treatment of skin and colorectal cancers. The Kimmel Cancer Center is

designated by the National Cancer Institute (NCI) as a clinical cancer center.

HCIA, Inc. is a leading health care information content company that develops and markets clinical and financial decision support systems used by hospitals, integrated delivery systems, managed care organizations, employers, and pharmaceutical manufacturers. The company's databases and products are used to benchmark clinical performance and outcomes, profile best practices, and manage the cost and delivery of health care.

William M. Mercer, Inc. is one of the leading human resources consulting firms. Mercer's Health Care Provider Consulting practice helps the health care industry meet the challenges of rapid, radical change.

Copies of the study can be purchased from HCIA Customer Service at (800) 568-3282. A summary version of the study can be found on the HCIA web site at <http://www.hcia.com> and Mercer web site at <http://www.mercer.com>. 

## The W. W. Smith Charitable Trust Gives \$1.5 Million to Support Heart Research

The W. W. Smith Charitable Trust of Newtown Square, Pennsylvania, has awarded a special onetime grant of \$1.5 million to endow The William Wikoff Smith Chair in Cardiac Research at Jefferson Medical College.

Mr. Smith was President of Kewanee Oil Company and Chairman of its Board. He also served as President of the Philadelphia Maritime Museum (now the Independence Seaport Museum) and enjoyed photography, ship model building, and sailing. Another area of interest was medical research. Mr. Smith died in 1976 and his will created The W. W. Smith Charitable Trust to help future generations through grants to area institutions. "This grant is given as a reflection of Bill Smith's exceptional vision and his desire to enhance medical excellence," said Mrs. Mary L. Smith, trustee of The W. W. Smith Charitable Trust and widow of Mr. Smith. "It is an honor to be a partner with Jefferson and work with its professionals who are at the forefront of heart research."

The holder of The William Wikoff Smith Chair will be appointed in the near future. This individual will determine the specific focus of the cardiac research that the income from this grant will support. "This special gift will have a significant impact on

our cardiovascular research program and we deeply appreciate The W. W. Smith Charitable Trust's generosity," said Paul C. Brucker, M.D., University President. "Jefferson's association with the Smith family, The W. W. Smith Charitable Trust, and the Mary L. Smith Charitable Lead Trust has spanned some 20 years and has been very fruitful. This grant attests to the success of this collaboration and honors the dedication and leadership of Mr. Smith."

Joseph S. Gonnella, M.D., Dean of the Medical College and Senior Vice President for Academic Affairs, noted, "This type of support is vital to our mission because it expands our faculty's ability to explore the frontiers of medical research." The W. W. Smith Charitable Trust and the Mary L. Smith Charitable Lead Trust have awarded Jefferson more than \$3 million for basic and clinical research in heart disease, AIDS, and cancer. Such generosity has enabled Smith-supported scientists to significantly advance their research and garner federal grants worth millions of dollars to Jefferson's medical research program. Since 1977, the trust has donated more than \$92 million to area institutions to support medical research; college financial aid; and food, clothing and shelter for children and the aged. 

## DiMarino Publishes First GI Text from Endoscopic Perspective

Anthony J. DiMarino Jr., M.D., The William Rorer Professor of Medicine and Chief of the Division of Gastroenterology and Hepatology, recently published *Gastrointestinal Disease: An Endoscopic Approach*. This text is the first full-color reference work on gastrointestinal disease from the novel perspective of fiberoptic and video endoscopy. Stanley B. Benjamin, M.D., Brick Professor of Medicine and Chief of Gastroenterology at Georgetown University Medical Center, served as Co-Editor-in-Chief.

The two-volume publication, containing 1,300 illustrations including 400 in color, was edited by six eminent academic gastroenterologists and was multiauthored, containing 60 of the foremost names in gastroenterology. The work emphasizes the pathophysiology, diagnosis, and treatment of gastrointestinal disorders, ranging from common disorders to obscure malignancies. Chapters focusing on hands-on instruction and detailed illustrations make the text a comprehensive learning tool, as well as an authoritative reference. The textbook was also recently published in CD-ROM version with approximately 1,000 color illustrations. It is the first work of its type to utilize the CD-ROM format.

The book has been very favorably received by the gastrointestinal community. Dr. Frank L. Iber wrote in his review in the *Journal of the American Medical Association*,

"The unique excellence of this book comes through in the discussions of endoscopic technique and the wonderfully clear illustrations of what can be identified, including useful landmarks. There is an excellent index and useful and very current bibliographies in each chapter. The editors have broken new ground in providing this text."

Among the section editors of this new text is Mitchell I. Conn, M.D., Clinical Associate Professor of Medicine at Jefferson, medical director of the Liver Transplant Program and director of Biliary Endoscopy and Endoscopic Training.

Dr. DiMarino has repeatedly been selected by his peers to be honored in *Philadelphia* magazine's issue on the Delaware Valley's top doctors. His research interests have included gastrointestinal endoscopic technique and safety. He recently completed a three-year term as chairman of an FDA-commissioned study which examined the safety and efficacy of gastrointestinal endoscopic procedures used in the diagnosis and treatment of gastrointestinal diseases. His other research interests have been in gastrointestinal motility and inflammatory bowel disease. He is a widely published author with original articles in distinguished journals such as *The New England Journal of Medicine*, *Gastroenterology*, and the *Journal of Clinical Investigation*. Dr. DiMarino formerly served as chairman of the Scientific Advisory Committee of the Delaware Valley Chapter of the National Foundation for Ileitis and Colitis, an organization that has recognized him as "Physician of the Year."



## Buyers and Consumers Are Spurring Changes That Will Refocus Managed Care and Improve Delivery, Brucker Lecturer Asserts

While the nation's managed care system "has clearly lost its way," emerging trends among public and private health care buyers and consumers have the potential to refocus and dramatically improve health care delivery in the U.S., according to a senior industry observer with experience in the government, nonprofit, and private sectors.

Delivering the Paul C. Brucker, M.D. Lecture at Jefferson in May, Howard Veit, Managing Principal of Towers Perrin Health Industry Consulting, said that key industry trends with significant implications include the adoption of a total health management approach by some large corporations; the move towards direct contracting by some large buyers, regional purchasing coalitions and the Medicare system; and a rising consumerist mentality among health care users.

Veit noted that "while these trends differ in some fundamental ways, each of them is tied together by some common themes; they are all from the same ball of twine. They provide physicians and other health care providers with an unprecedented opportunity to reshape the health care system, to gain more control over all the pieces of health care financing

and delivery." Greater provider control, according to Veit, may lead to the systemwide improvements in health care originally envisioned by the architects of managed care.

Reflecting on his experience as the first Director of the Federal Office of Health Maintenance Organizations and as an executive with the pioneering Harvard Community Health Plan HMO during the 1970s, Veit noted that while "we've made some progress in our ability to measure and improve outcomes, we really haven't moved beyond the basics of prevention and disease management. We have not yet made a quantum leap forward. The buyer trends have the power to reshape and refocus and strengthen managed care so that we really can make that great leap forward."

### ***Trends Occurring in a Managed Care Framework***

Veit told the audience of doctors and students that all of the major buyer and consumer trends are taking place within a managed care framework and that the future of the nation's health care system is inextricably bound with managed care plans.



Mr. Veit

Eighty-five percent of American workers are currently enrolled and 92 percent of physician practices contract with such plans.

Recent changes in the Medicare system designed to encourage its 38 million recipients to enroll in managed care only underscore the trend, according to Veit. Despite the public controversy over managed care, a 1997 Towers Perrin survey demonstrated that managed care still enjoys considerable

popularity among users. The study data show over two-thirds of Medicare HMO enrollees say they are extremely or very satisfied with the quality of their care, with over 60 percent rating their

HMOs better than their previous traditional indemnity plans.

### ***Opportunities and Challenges for Providers***

While the shift towards a managed care environment is both widespread and permanent, Veit said, the emerging buyer trends may stimulate managed care to fulfill its original vision by offering providers greater control and input.

"Total health management will open doors for health

care providers to develop delivery systems to merge together care to diverse populations. Buyers will look directly to physicians to develop treatment protocols to address health care events in an integrated health care environment. Health care consumerism offers the opportunity to differentiate services based on value and quality rather than cost," he said.

Realizing these opportunities and fulfilling the original promise of managed care "is not free," according to Veit. Providers must "not only accept managed care, but also embrace it and reshape it to meet marketplace needs.

"The economics of the buyer marketplace dictate that physicians come together in different forms, leverage their resources, develop intellectual capital, and partner with other stakeholders in the system. The future of the health care system is about the integration of the key stakeholders."

Despite the public controversy over managed care, Veit said that these emerging trends "will spur managed care to ultimately evolve to meet the public and private buyers' definition of value. Managed care will, I predict, start to live up to its promise in the near future." ☺

## Gene Therapy for Canavan's Disease

Researchers at Jefferson are for the first time attempting to use gene therapy to treat Canavan's disease, a rare, fatal metabolic brain disorder.

A four-year-old Illinois girl was treated at Thomas Jefferson University Hospital by a team of neurosurgeons including Andrew Freese, M.D., Ph.D., Matthew During, M.D., Paola Leone, Ph.D., and Giancarlo Barolat, M.D., as well as colleagues at Jefferson and at Yale University.

Canavan's disease is an inherited neurological disorder characterized by spongy degeneration of the brain. It primarily affects children of Eastern European or Ashkenazi Jewish background. It is one of a group of genetic disorders called leukodystrophies that

affect the growth of the myelin sheath of the nerve fibers in the brain. The myelin sheath is the fatty covering surrounding the nerve cells that acts as an insulator. The disease is caused by a genetic flaw in which an enzyme fails to be produced. The disease is incurable, resulting in the over-production of a toxic compound in the brain, N-acetyl-aspartate (NAA). Death usually occurs between the ages of five and seven.

Symptoms of Canavan's disease, which appear in early infancy and progress quickly, may include mental retardation, loss of previously acquired motor skills, difficulty feeding, abnormal muscle tone, poor head control, and an abnormally enlarged head. As time progresses, sufferers also become paralyzed, blind, and

lose hearing and their interaction with the outside world.

"Children fail to meet normal developmental milestones," Dr. Freese explains. "Within a few years, they cannot feed themselves, walk, or see well." Dr. Freese says that the disease is similar to Tay-Sachs disease in that both are metabolic disorders causing the buildup of toxic compounds that affect normal brain development.

According to Dr. Freese, three years ago, his colleagues at Yale were contacted by Canavan families for their expertise in gene therapy to see about the possibility of developing a therapy for the disease. Drs. During, Leone, and Freese developed a gene delivery system based on liposomes and polymers, rather than viruses, to deliver the genetic information for the enzyme into the brain.

They have shown that the system works in the lab and in animals. They then showed in preliminary studies in New Zealand that the Canavan gene could effectively be delivered into the brains of two children with Canavan's disease, based on evidence of nerve myelination and on behavioral studies. They have gained federal Food and Drug Administration approval, Dr. Freese notes, to expand the work into a larger Phase One clinical trial.

To date, the Jefferson team plans to treat four Canavan's disease children.

The therapy will consist of a ventricular catheter implanted under the scalp, allowing access to the brain's ventricles and cerebrospinal fluid, and to allow possible additional treatment. The Jefferson researchers are collaborating with specialists at Children's Hospital of Philadelphia to monitor myelin and enzyme levels using magnetic resonance spectroscopy and magnetic resonance imaging. "We'll also look at behavioral aspects of the children—a whole battery of tests before and after gene therapy," Dr. Freese points out.

"We anticipate expanding our gene therapy approach to other inherited metabolic disorders, such as Krabbe's disease," he notes, together with David Wenger, Ph.D., Professor of Medicine at Jefferson, who leads the Lysosomal Disease Testing Laboratory. "We hope to set up a clinical trial for that within the next year as well."

He cautions that few patients have been treated this way as yet. "The results from this trial may give us some information about the possibility of treating other neurological disorders, such as other inherited diseases, and Parkinson's disease, stroke, and epilepsy," he concludes. ☺



*Hotly contesting this year's hilarious Raft Debate, presented by the Hobart Amory Hare Honor Medical Society, were Marion Siegman, Ph.D. (Professor of Physiology), Kevin Muzzio '91, Donna Barbot, M.D. (Clinical Associate Professor of Surgery), Martin Weisberg '72, and Frank Leone PUD'97.*



## Some Scleroderma Cases Are Linked to Damage from Lingering Fetal Cells

In some women, scleroderma, a potentially life-threatening skin disease that can affect joints and internal organs, may be linked to long-dormant fetal cells stirring an immune system reaction.

Sergio Jimenez, M.D., The Dorrance H. Hamilton Professor of Medicine, and his colleagues at Jefferson have found evidence suggesting that fetal cells bringing about graft-versus-host-disease (GVHD) reactions may be involved in some cases of systemic sclerosis, a form of scleroderma, an autoimmune disease. Systemic sclerosis strikes about three to eight times more women than men, usually between the ages of 45 and 55. GVHD is a sometimes dangerous complication seen when the body's immune system rejects a bone marrow transplant.

"What's unusual is that in classic chronic graft-versus-host disease, the clinical picture looks like scleroderma. The skin becomes hard and thick," Dr. Jimenez says. "These findings may open up some potentially new and important avenues in the treatment of scleroderma." He and his colleagues reported their findings in the April 23 *New England Journal of Medicine*.

Dr. Jimenez and his coworkers examined 69 women with systemic sclerosis who had been pregnant for the presence of the male-specific Y chromosome. A female fetal cell would be virtually impossible to detect with current technology, he points out. They found male DNA in the blood of 32, or 46 percent, of the women. The Y chromosome DNA was present in only one of 25 normal women. The scientists also found Y chromosome sequences in skin biopsies in 11 of 19, or 58 percent, of the women tested. Nine of the 11 women were known to have had male children.

"We were surprised by the high number of women's skin samples showing the Y chromosome," he says.

But an important question remains: what would activate the chronic GVHD reaction?

"It seems clear that a second event, such as an environmental exposure, is needed. It could be a virus, or radiation, chemicals, toxins—we just don't know. But the fetal cell-GVHD association would explain why scleroderma is more common in women and why at that age after many women have had children. We've known

about cells from the baby going to the mother, and vice versa, but we didn't know cells could survive in the circulation for decades," he says.

The next step, Dr. Jimenez says, is to try to determine whether the fetal cells might actually cause the GVHD, and in turn, systemic sclerosis. "We're trying to isolate the cells that carry the male chromosome and see what kinds of cells they are," he says.


"We would like to show that those cells are stimulating the pathogenesis of scleroderma. If these foreign cells are involved in the pathogenesis of disease, you can create a vaccine or try some other way to eliminate them from the body.

"The study describes the presence of fetal cell levels in scleroderma, and suggests the possibility that systemic sclerosis can be produced this way. This needs to be explored further."

Some 300,000 Americans have scleroderma, which is actually categorized as two main diseases: localized scleroderma and systemic sclerosis. The former affects only the skin. Systemic sclerosis can affect the internal organs, skin, and

the body's small blood vessels. Scleroderma can be devastating; some aggressive forms of the disease can result in death after only a few months.

In autoimmune diseases, the normally protective immune system reacts against the body in abnormal ways. In scleroderma, the immune system interacts with the body's blood vessels and fibroblasts, cells that help make collagen, resulting in an excess of collagen. No one understands how, but these events lead to the hallmarks of scleroderma: thickened skin and damage to vessels and internal organs.

Study coauthors include J. Bruce Smith, M.D., Professor of Medicine, and Carol Artlett, Ph.D., postdoctoral fellow in the Division of Rheumatology. The work was funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Child Health and Human Development, and the Scleroderma Foundation. 

## Decorin May Be a Natural Cancer Fighter in Cells

A natural substance in the cell's outer hull may hold a key to stopping tumor growth. Renato V. Iozzo, M.D., Professor of Pathology, Anatomy, and Cell Biology, hypothesizes that decorin is actually a natural cancer fighter built into the cell.

Recently, he and his colleagues reported in the *Journal of Clinical Investigation* that decorin suppresses tumor cell growth by activating a specific protein growth factor called the epidermal growth factor (EGF) receptor. According to Dr. Iozzo, decorin inhibits tumor cell growth by disrupting the cancer cell's life cycle. They found that EGF and decorin converge to regulate the cell cycle through a common biochemical pathway, which ultimately suppresses tumor cell growth. "We found that we could replace decorin with

EGF, proving we could displace one molecule with another," he notes.

He and his coworkers previously discovered that decorin also causes production of a protein, p21, which also can arrest cell growth.


In theory, he says, scientists could develop an animal model to study decorin's action in which high levels are provided to tumor cells "either systemically or by gene therapy in hopes of retarding tumor growth." Ultimately, he notes, "we'd like to identify the mechanism of tumor cell suppression."

But harnessing decorin's anti-tumor properties is not easy, and Dr. Iozzo hopes to understand how decorin works. He discovered several years ago that decorin, a cell

protein, and specifically, a proteoglycan, is increased in the matrix surrounding tumor cells. Decorin is a naturally occurring substance in the connective tissue where, among other roles, it helps regulate cell growth by interacting with growth factors and collagen.

Dr. Iozzo and his coworkers previously showed in laboratory experiments that decorin inhibits the growth of tumor cells. His group also unraveled the genetic makeup of decorin, and then selectively engineered—"transfected"—colon carcinoma cells with decorin DNA. In the test tube, the cancer cells didn't grow as well, and formed smaller tumor colonies than nonengineered cancer cells from the same parent cancer. The new cancer cells did not generate

tumors at all when they were injected into mice that lacked immune systems. He found similar results in melanoma, osteosarcoma, and colon cancer. "It may be a biological response to tumors, and much of the cell may wall off tumor cells," he explains.

Dr. Iozzo and his colleagues found that decorin is also increased in the tissue surrounding colon cancer cells. He suspects that "this may be an effort on the part of the decorin molecule produced by the normal cells to control the proliferation of cancerous cells in the colon." Dr. Iozzo believes the work opens the possibility of therapeutic interventions in human colon cancer, and possibly other related types of cancers, using naturally occurring decorin to inhibit cancer growth. 

## Clue to How a Protein Works to Suppress Tumors

Scientists at Jefferson appear to have an important clue to the workings of a gene that normally protects against cancer. Ultimately, by understanding how both the normal and the damaged gene work, scientists may be able to find ways to interfere with the development of cancer. Charles Brenner, Ph.D., Assistant Professor of Microbiology and Immunology, and his colleagues at the University of Texas in San Antonio, and

at the University of Sheffield in England, have distinguished between potential mechanisms by which the FHIT gene works in preventing cancer development. A report of the work appeared May 12 in *Proceedings of the National Academy of Sciences*.

Dr. Brenner and his colleagues used a combined genetic, biochemical, and crystallographic approach to gain information about the function of the tumor-

suppressor protein, Fhit, the product of the FHIT gene.

According to Dr. Brenner, Fhit is "encoded in the most fragile site of the human genome. The FHIT gene is frequently inactivated early in the development of cancer, especially in lung cancer."

Dr. Brenner and his coworkers sought to understand how the Fhit protein suppresses tumor formation. "We knew that the Fhit protein is an enzyme that binds and cleaves an unusual

class of nucleotides in the cell, called ApppA," he explains. "We wanted to determine if the important function of Fhit was to cleave ApppA or signal the presence of this compound in the cell in order to put the brakes on cell growth." Tumors form when the Fhit protein is absent.

New experiments showed that altered forms of the Fhit protein that bind but don't cleave ApppA are actually still working in tumor suppression. "That excluded

*continued on following page*

## Tests Help Determine Appropriate Epilepsy Surgery

A battery of certain noninvasive physiological tests are providing definitive answers in helping decide the types and brain locations of surgery useful to treat epilepsy, Jefferson physicians have found. The findings may make more patients eligible for potentially seizure-ending surgery.

Previously, many such tests would give inconclusive answers, frequently when the offending epileptic seizures appeared to emanate from both temporal lobes in the brain.

Temporal lobe epilepsy is the most common type for which surgery is performed, notes Joseph Sirven, M.D., Assistant Professor of Neurology. If medication fails to alleviate seizures, surgery may be an option. A battery of tests may be necessary to determine the type and location in the brain for such surgery. Surgeons frequently conduct several tests, such as magnetic

resonance imaging (MRI), and perform a test called the Wada, which assesses memory and language abilities.

If all of these tests show the same thing—right temporal dysfunction, for example—then surgeons perform surgery on that area of the brain. But sometimes test results aren't conclusive.

The tiebreaker is the intracranial electroencephalogram (EEG), in which electrodes and sometimes strips are placed surgically over the surface of the brain itself. The electrodes record the brain's electrical impulses. Yet while this test is the gold standard for determining the location of surgery, it too may give ambiguous answers.


Dr. Sirven, Michael O'Connor, M.D., Professor of Neurosurgery, Michael Sperling, M.D., Professor of Neurology, and Jefferson colleagues reviewed their

experience with patients who received intracranial EEGs. They looked at patients who had seizures from both lobes, studying what the battery of tests actually showed. Of 28 epilepsy patients, 15 received surgery. The researchers found that while patients had seizures coming from both sides of the brain, most of the battery of tests indicated brain abnormalities coming predominantly from one side of the brain. The intracranial EEG wasn't the only standard to use, they reported recently in *Annals of Neurology*.

"This showed that despite indications of seizures coming from both sides of the brain—thus making the patient not a candidate for surgery, we can get just as good results [from surgery] as long as the other tests—MRI, Wada—agree with the preponderance of information," says Dr. Sirven. Ten of the 15 patients became seizure-free after their surgery.

In other words, "surgeons can operate on patients who would previously have been rejected for surgery," according to the retrospective study.

"Now with more sophisticated testing techniques such as MRI, we may not put as much stock in the EEG alone, but rather in the combination of results."

The work is part of a larger nationwide study sponsored by the National Institutes of Health. Patients receiving epilepsy surgery who also received MRI and other tests are being reviewed prospectively at several centers around the country. "The intracranial EEG may not necessarily be the end-all," Dr. Sirven notes. "These findings can potentially change the standard of relying on one measure rather than looking at all results." 

### *Tumor suppressor, continued from preceding page*

the idea that the important thing that Fhit does in the cell is to cleave ApppA," he says. However, Dr. Brenner says that because the altered Fhit binds the compound but can't cleave it, "the function of Fhit is to signal the presence of the compound to other proteins in the cell."

The work suggests that ApppA is an "alarmone, a signal that cells use to control the proliferation rate or to


commit suicide." One of the ways cells control their growth is by programmed cell death.

"The genetic and biochemical work suggests that the active form of Fhit is the Fhit-ApppA complex, which is produced in the cell in response to elevated levels of ApppA," he adds. Dr. Brenner and his colleagues then performed X-ray crystallog-

raphy, which provided the structure of the Fhit-ApppA complex, the apparent active, signaling form of Fhit.

"The ultimate aim is to follow the entire pathway from the initiation of the ApppA signal to the ultimate events that arrest the growth of cells and keep them from forming tumors," he says. "We'd like to identify steps in that cellular pathway in which we

can intervene and restore a Fhit-like signal in the absence of Fhit or to kill the cells that are missing Fhit."

In February 1996, a team of scientists led by Professors Kay Huebner, Ph.D. and Carlo Croce, M.D. announced that they had identified the FHIT gene. Inactivation of the FHIT gene is an early event in the development of several types of cancer. 



# Substance in Cell Membrane May Improve Symptoms in Parkinson's Disease Patients

A naturally occurring substance in the cell's membrane may improve symptoms in Parkinson's disease patients and perhaps even help slow down the progression of Parkinson's, according to studies at Jefferson.

Jay S. Schneider, Ph.D., Professor of Pathology, Anatomy, and Cell Biology, and his coworkers compared a drug, GM1 ganglioside, with a placebo in 45 patients with Parkinson's disease receiving a 16-week course of treatment.

"At the end of the study, test scores in the Unified Parkinson's Disease Rating Scale, which is a standard scale to measure motor abilities, showed a significant difference between those who received the drug and those who did not," says Dr. Schneider. The Jefferson team reported their findings in the June issue of *Neurology*.

The study was a double-blind trial. GM1 ganglioside is a normal part of the cell membrane that plays an important role in cell growth, development, signal transduction, and repair after injury.

According to Dr. Schneider, many of the patients' symptoms, such as rigidity and slow movement,

improved during participation in the trial. Patients also reported that they were able to function better in performing daily living activities, such as dressing and handling eating utensils. "Overall, every patient receiving GM1 improved to some degree," he says. "They had less stiffness, less bradykinesia or slowness of movement, and better manual dexterity and motor coordination."

While some participants in the placebo group also slightly improved, the condition of the majority of those who did not receive the drug remained unchanged.

Dr. Schneider is still following 21 patients who wanted to continue taking the drug upon study completion. "Most of these patients have received GM1 treatment now for at least two years," he notes. "The condition of 18 of these 21 patients is better now than it was two years ago when they first began the trial. Although they have improved with the treatment, the improvements in many patients have leveled off."

"Some patients report significant improvements in the quality of their life, though others say improvements have been more modest," he says. "For

many patients who have used GM1 for two years or more, it's not so much that they feel that symptoms continue to improve, but they don't feel they are getting substantially worse. For a progressive disease, that's something."


One possible explanation of the findings is that the drug somehow stimulates remaining dopamine-producing nerve cells to work better or causes regrowth or sprouting of dopamine nerve endings in the brain. He would like to find out if GM1 is playing either a neuroprotective or neurostimulatory role in patients' improvements.

More than one million people in the United States suffer from Parkinson's disease. It commonly strikes people over 50. Symptoms include hand tremor, slowness in movement, difficulty initiating movements, difficulty walking, shuffling feet, decrease in speech volume, fatigue, and balance problems. In Parkinson's, sufferers lack the brain chemical dopamine due to the death of dopamine-producing nerve cells and their endings.

Dr. Schneider is "proposing to do another double-blind trial, but this time to get images of the patients'

brains to visualize and count the number of dopamine nerve terminals before the start of the study, and then again after six months, one year, and two years of therapy." He notes that "by comparing brain images with the clinical status of these patients, we can see if there is any nerve end sprouting or regrowth that can explain clinical improvement. In addition, over time we will be able to see if GM1-treated patients have a slowed loss of dopamine nerve terminals and slowed symptom progression compared to Parkinson's patients, matched for age and disease duration, who don't take GM1."

He explains, "We would expect to see a natural decline in dopamine nerve terminal in these patients, and in the GM1 group, we would hope to see either no decline or a slight increase. This would be fairly definitive evidence of the drug's beneficial effects."

In earlier animal studies, Dr. Schneider and his coworkers found that injecting GM1 ganglioside improved Parkinsonian symptoms, increased levels of dopamine in the brain, and stimulated nerve terminal sprouting. "It possibly saved damaged dopamine cells from dying," he notes. 

## Proof That Women with AIDS Have Better Chance of Survival if Treated at Clinic with More Experience

Researchers from Jefferson and the New York State Department of Health have found an association between clinic experience with advanced HIV treatment and survival of women with AIDS. An analysis of outpatient clinic treatment of 887 Medicaid-enrolled women diagnosed with AIDS between 1986 and 1992 in New York, the state with the largest number of women with AIDS in the United States, showed that women who received treatment in clinics with a high experience level in treating HIV had a 50 percent better chance of survival than women treated at less experienced clinics. Study results appear in the March issue of the journal *AIDS*.

"The results of our study suggest that physicians and health professionals who treat a certain illness more frequently may do it better," says Christine Laine, M.D.,

M.P.H., lead author of the study and Assistant Professor of Medicine at Jeff. "This is especially true in regards to HIV management and treatment, since therapy is advancing so rapidly."

Researchers gauged the experience level of 117 New York State clinics, defined as hospital outpatient practices, large physician groups or community health centers, by counting the number of patients with HIV who used each clinic as their usual source of care prior to AIDS diagnosis. Larger patient volumes indicated more experienced clinics.

"Previous research in this area calculated experience by collecting self-reports from doctors who estimated the number of HIV infected patients they had treated," explains Dr. Laine. "Using Medicaid records, we counted the number of patients with


HIV treated at each clinic rather than relying on providers' rough estimates."

The study is also unique in that it is the first to examine clinic experience and survival of women with AIDS. According to Dr. Laine, previous research examined physician experience and survival of men with AIDS in a single staff model health maintenance organization.

"We believe that our research is an important complement to this earlier work since it focuses on a female population. There is concern that women with HIV may receive less good care than men, often being less likely to receive antiretroviral therapy and more commonly treated in facilities with less experience with HIV. Our findings at the clinic level are also an important addition to earlier findings at the hospital and physician levels since

many individuals with HIV infection are members of vulnerable populations and receive care in clinic settings."

Researchers also looked at the demographic and clinical characteristics of the patient sample as well as establishing the date of each patient's AIDS diagnosis and disease severity at that time. Adjusting for these variables, 71 percent of patients in high experience clinics were alive 21 months after diagnosis compared with 53 percent in low experience clinics.

"Our results serve as another piece of the puzzle in understanding the relationship between provider experience and quality of care for vulnerable populations affected with HIV," says Dr. Laine. "The next step will be to identify specialized services offered by experienced clinics that may contribute to their success." 

## New Approach to Chronic Hepatitis B Infection

Scientists at Jefferson may have helped devise a new way to fight the hepatitis B virus. Timothy Block, Ph.D., Professor of Biochemistry and Molecular Pharmacology, and his colleagues at several institutions have found that if they interfere with a specific step in the life cycle of the woodchuck hepatitis virus, the virus can't reproduce,

shutting down its ability to infect a cell.

If the creation of a virus "envelope" is blocked, the virus DNA is locked within the infected cell. As a result, levels of the virus in the animals' bloodstream drop dramatically. The researchers say that the work may provide leads to improved methods of

fighting hepatitis B virus (HBV) and hepatitis C (HCV) infections in chronically infected humans.

Dr. Block and his colleagues reported their results in May in the journal *Nature Medicine*.

"We've discovered that a very specific step in the life cycle of

the virus can be selectively inhibited by a drug, N-nonyl-DNJ," he explains. "It works by inhibiting the first step in the glycosylation process that all cell glycoproteins go through to reproduce and be able to infect. We discovered that the host cellular glycoproteins appear to be far less sensitive to this inhibition than is HBV."

"We were able to inhibit this step in glyco-processing and shut down the appearance of infectious virus in most of the infected animals," he says. "It prevents the appearance of envelope virus in the animals' blood, so it prevents infection."

"This paper introduces a novel way of inhibiting HBV," he says. "The other ways to inhibit the virus work against an enzyme, viral polymerase. This comes at a different step in the virus life cycle. The virus still makes DNA, but gets stuck in the cell."

"We see a tremendous drop in envelope virus, and the current virus that remains, we believe, would be non-infectious. It still requires more study."


Several drugs such as interferon-alpha have been approved by the Food and Drug Administration to treat HBV. Recently, a drug called lamivudine has been approved to treat the disease. However, the virus can become drug-resistant.

Dr. Block notes that the drug works synergistically with lamivudine, and predicts N-nonyl-DNJ will work against resistant HBV strains as well. Dr. Block also thinks that the drug will be effective against other similar viruses such as HCV. "We've already shown

that Bovine diarrhea virus, an accepted tissue culture model of HCV, is completely receptive to this approach," he says.

The next step, he says, is to continue testing the drug in the woodchuck, which is a standard model with which to study HBV. Then researchers will test the drug to see if it is safe in people. In some cases, it has slight side effects such as diarrhea and gastritis.

According to Dr. Block, worldwide, HBV chronically infects some 350 million people. Despite the fact that there is a safe, effective vaccine, as many as 140 million will die from HBV related liver diseases, such as hepatitis, cirrhosis, and cancer. In most of the world, HBV is transmitted most often from mother to newborn. However, in the United States, the virus is usually transmitted sexually. It is also transmitted by accidental needle sticks among health care workers. Some one-quarter to one-third of the population that is chronically infected have no known risk factors.

Those at risk for contracting HCV include intravenous drug abusers, and those who had transfusions prior to 1990, when blood supply screening for HCV began. 

## Alumni Association Presents Parents' Day for Sophomores

*More than 500 parents and students attended Parents' Day, where they heard presentations by faculty, followed by a slide presentation put together by the students using the latest PowerPoint software. Among the speakers at luncheon was senior student Eugene M. Glavin, who spoke about clinical rotations in the third and fourth years of medical school. The Histones, a new, male, a cappella singing group, performed, followed by the female group Arrhythmia.*



*Benjamin Bacharach '56 (Associate Dean for Admissions); Jonathan Salvin '00 with his parents; Jason Sundseth '00 and his parents; Ed McGehee '45; Clara Callahan PD'82 (Associate Dean for Student Affairs)*



Robert Neroni



Medical Media Services

*Sophomore speaker Melissa Koenig '00 and her parents Sheila and Jerry Koenig; and sophomore speaker Thomas P. Love '00 (son of the late Jack W. Love Jr. '62) with his mother, Sally, and wife Reenie*

*Howard D. Krein '00 and his mother Bunny Krein*



# Costa Rica Adventure

January 16–24, 1999  
with the Jefferson Medical College Alumni Association

## Value Includes:

- ✓Round-trip transfers between airport and hotel, including portage at the airport
- ✓Services of a local English-speaking guide
- ✓8 nights accommodation in first class hotels in twin-bedded rooms with private bath or shower
- ✓5 breakfasts (B), 3 continental breakfasts (CB), 3 lunches (L), 4 dinners (D) as per itinerary
- ✓Observe Poas Volcano
- ✓Tour Monteverde Biological Reserve
- ✓Visit Manuel Antonio National Park
- ✓Visit a banana plantation
- ✓Tortuguero/San Jose flight
- ✓Inside visits as shown
- ✓Hotel tax and service charge

## Itinerary:

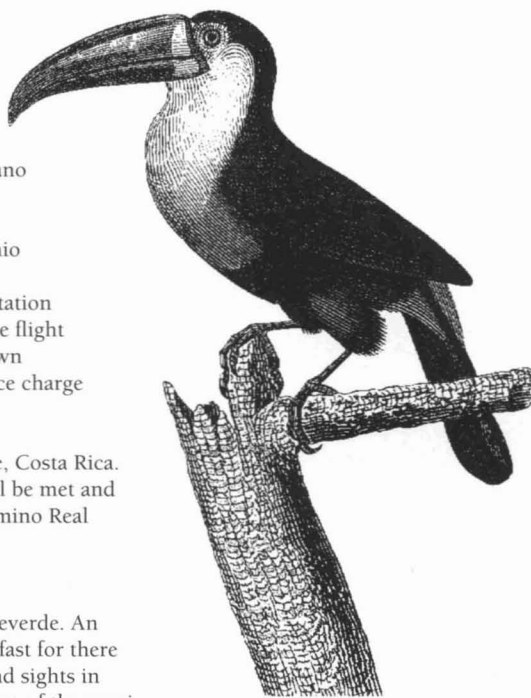
**Jan. 16:** Miami/San Jose, Costa Rica. Upon arrival, you will be met and transferred to the Camino Real Hotel.

**Jan. 17:** San Jose/Poas Volcano/Sarchi/Monteverde. An early start after breakfast for there are many activities and sights in store today. Stop at one of the scenic lookouts to observe Poas Volcano, famous for its sporadic geyser-like eruptions of gas and ash. Then, visit the town of Sarchi, for centuries a production center of the hand-painted oxcart. Browse the shop with its displays of various souvenir products. Your final destination is Monteverde, a spectacular "cloud forest," rich in topical flora and fauna. The forest stretches from the lush ferns and mosses that cover the ground up to the darkest canopy formed by the tallest trees. Arrive at the Belmar Hotel in Monteverde in the early evening. (BD)

**Jan. 18:** Monteverde Cloud Forest. Your tour includes a visit to a reserve which, at an altitude over 4,000 feet, supports six distinct ecological communities of plants and animals with over 2,000 plant species and more than 320 species

of birds, including the quetzal with its metallic green feathers and golden highlights. (BLD)

**Jan. 19:** Monteverde/Quepos. After breakfast, descend from the verdant foothills of Monteverde to the miles of scenic coastline for Quepos, one



of the country's most popular tourist destinations. White sand beaches await you at Manuel Antonio National Park. Afternoon arrival at your El Parador Hotel in Quepos. (B)

**Jan. 20:** Quepos/San Jose. This morning, tour the Manuel Antonio National Park. This is one of the best areas to view migrating marine birds in the country. Squirrel monkeys and three-toed sloths hide among the lush vegetation that grows to the edge of the beaches. This afternoon after lunch, depart for the capital of Costa Rica, San Jose. Balance of day at leisure. Overnight at Camino Real Hotel. (CB)

**Jan. 21:** San Jose/Tortuguero National Park. This morning, head east across the Central Valley to the Caribbean shores. A stop is made

on the outskirts of Siquirres for a short visit to a working banana plantation. See the harvesting and processing methods of the fruit, still the leading export of the country. We arrive at Hamburgo Duck to board a motor launch and cruise north along the Tortuguero Canals. This trip along the rivers and canals takes you through densely vegetated areas in search of monkeys, toucans, and egrets, to name just some of the incredible wildlife found in these inland canals. Your ride through winding waterways dotted with floating water hyacinths ends at the Pachira Lodge where you spend the next two nights. (CBLD)

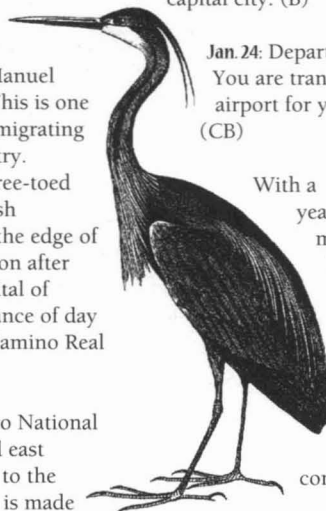
**Important Note:** For the excursion to Tortuguero National Park, passengers are permitted to bring a maximum of 25 pounds of luggage per person. Your main suitcase will be stored at your hotel in San Jose and will be collected upon your return to San Jose on Day 8.

**Jan. 22:** Tortuguero National Park. Meet with your local expert this morning for a leisurely and informative walk through a nearby dense wet forest. This afternoon is at leisure. (BLD)

**Jan. 23:** Tortuguero National Park/San Jose. You are transferred to Tortuguero Airport for your flight to San Jose and return to Camino Real Hotel. The balance of the day is free to explore or shop in Costa Rica's capital city. (B)

**Jan. 24:** Depart San Jose/Miami. You are transferred to the airport for your flight home. (CB)

With a year-round moderate spring-like climate, Costa Rica's temperatures vary more with changing altitude than with the seasons. Pack comfortable light-



weight summer clothes, a sweater for the evening, and comfortable walking shoes.

## Featuring:

- ✓San Jose, capital of Costa Rica
- ✓Poas Volcano, famous for geyser-like eruptions
- ✓Monteverde Cloud Forest—visit a reserve supporting six distinct ecological communities and a tropical butterfly farm
- ✓Manuel Antonio National Park—white sand beaches and great bird, monkey, and sloth watching
- ✓Tortuguero National Park on the Caribbean shore—cruise the Tortuguero Canal in search of toucans, egrets, and monkeys amid incredible wildlife viewing in the rain forest

## Tour Price:

\$1464 per person double occupancy  
\$516.00 air from Philadelphia  
Deposit: \$200 per person—reservation cannot be guaranteed without deposit and space is limited  
Final Payment Due: November 16, 1998  
Included are: round trip air/round trip transfers in Costa Rica/English-speaking guides/First Class accommodation in San Jose/Jungle Lodges with best possible accommodations, all with private bath or shower/5 full breakfasts/3 continental breakfasts/3 lunches/4 dinners/taxes and service charge

## Hotels:

San José: Camino Real  
Monteverde: Belmar Hotel  
Manuel Antonio: El Parador  
Tortuguero: Pachira Lodge

## Additional Information:

Please contact: Anna Muschal  
Rosenbluth Travel  
108 Kings Highway East  
Haddonfield, NJ 08033-2004  
1-800-448-5976

Please make arrangements early to assure space

# OBITUARIES

**Lonnie M. Little '25** died January 22, 1998 at age 98 years in Statesville, NC. We have no further information at press time.

**Reginald C. Edson '31** died December 7, 1997. He specialized in tuberculosis care and was superintendent at the Cedarcrest Chronic Disease Hospital, Newington, CT. He served as Connecticut Deputy Health Commissioner and ran the department's Office of Tuberculosis Control, Hospital Care and Rehabilitation. He served as President, Hartford County Medical Society and the Connecticut Thoracic Society. At the time of his death he resided in St. Augustine, FL. He is survived by three daughters.

**Benjamin Copleman '33** died February 24, 1998. Board certified in Radiology, he was Director of radiology at Roosevelt Hospital, Menlo Park, NJ. He had previously practiced radiology in Perth Amboy, South Amboy and Holmdel, NJ. He is survived by his wife, Grace, a son and a daughter.

**Elic Denbo '33** died March 9, 1998. Board certified in Psychiatry and Neurology, he was Chief of Neurology at Zurbrugg Memorial Hospital, Riverside, NJ. He is survived by his wife, Sylvia, and a physician daughter.

**Richard S. Cole '34** died November 20, 1997. He carried on a general surgical and medical practice, first established by his father, in

Greensburg, PA. He served as Chief of Surgery at the Westmoreland Regional Hospital, Greensburg, PA, and was a past President of the Pittsburgh Surgical Society. He is survived by two sons and two daughters.

**James V. Carr '35** died February 24, 1998. He practiced general medicine and surgery in McKees Rocks, PA. He was instrumental in the development and growth of the neighboring Ohio Valley General Hospital of which he was a Medical Staff President. He is survived by his wife, Dorothy, two daughters and three sons.

**Ralph W. Hoerner '35** died January 17, 1998. He specialized in Allergy, with a staff appointment at Abington Memorial Hospital, Abington, PA. He also has served on the staffs of Germantown, Graduate, Holy Redeemer, Jeanes, Presbyterian and Wills Eye Hospitals, Philadelphia, PA. He is survived by his wife, Gloria, two sons, one daughter and two stepdaughters.

**P. Joseph Andrews '36** died February 17, 1998. He was in family practice in Mechanicsburg, PA. He held a staff appointment at the Harrisburg Polyclinic Hospital, Harrisburg, PA. He is survived by his wife, Edna, and three daughters.

**James F. Burke '36** died March 17, 1998. He was a Family Physician in Havertown and Kirklyn, PA for over 50 years. He was

beloved by his patients who regarded him as the true embodiment of the best qualities of a family physician. He is survived by his wife, Peg, three sons and five daughters. Son James Jr. is Jefferson '66 and daughter Linda is Jefferson '91.

**James T. Stephens '37** died January 9, 1998. After service in World War II, he and his pediatrician wife founded the Oberlin Clinic in 1962, a community-based physician group practice in Oberlin, OH. In 1980 Oberlin College granted them jointly the distinguished Community Service Award. He was the author of two books and several scientific articles. He is survived by his wife, Dr. Jeanne H. Stephens, a son and two daughters.

**John F. Wilson '37** died February 5, 1998. Board certified in Dermatology, he was Chief of Dermatology at Presbyterian Hospital, as well as holding staff appointments at Misericordia and Thomas Jefferson University Hospitals, all of Philadelphia PA. He held the faculty rank of Associate Professor of Dermatology at Jefferson. He was past president of the Philadelphia Dermatological Society and the Pennsylvania Academy of Dermatology. He is survived by his wife, Mimi, a stepson and a stepdaughter.

**John E. Schwab '38** died December 14, 1997. Board certified in Neurological Surgery, he practiced in West Palm Beach, FL. A Fellow of the American College of

Surgeons, he held a staff appointment at the John F. Kennedy Hospital, Atlantis, FL. He is survived by a son and two daughters.

**Robert A. Cornwell '39** died November 10, 1997. He was a Family Physician in Ocean City, NJ and held a staff appointment at Shore Memorial Hospital, Somers Point, NJ. He is survived by his wife, Anne, and four daughters.

**Anthony J. Repici '39** died January 27, 1998. Board certified in Pediatrics, he practiced in Haddonfield, NJ. He was the first Chief of Pediatrics at Our Lady of Lourdes Medical Center, Camden, NJ. In 1983, the hospital honored Dr. Repici by naming its new neonatal intensive care unit after him. He was Honorary Clinical Professor of Pediatrics at Jefferson. He is survived by his wife, Ruth, and three daughters.

**Robert H. McCarter '42** died August 17, 1997. Board certified in Psychiatry, he was Assistant Clinical Professor of Psychiatry, Harvard Medical School. He was Director of the Diagnostic and Therapeutic Nursery Unit of the Judge Baker Guidance Center, and Senior Psychiatric Supervisor at Baker and at Children's Hospital Medical Center, Boston MA. A Fellow of the American Psychiatric Association, he is survived by his wife, Peg, five sons and a daughter.

# OBITUARIES

**Gerald H. Cessna '43** died January 18, 1998. Board certified in Obstetrics and Gynecology, he practiced in Pittsburgh, PA. He held staff appointments at Allegheny General and Passavant Hospitals, Pittsburgh, PA. A Fellow of the American College of Obstetricians and Gynecologists, he served as Regional Medical Director for the Pennsylvania Health Department from 1977 to 1988. He is survived by two nieces.

**Thomas J. Milson '43** died March 8, 1998. He practiced general medicine in Philadelphia, PA and held a staff appointment at Nazareth Hospital, Philadelphia, PA. He is survived by his wife, Mary, two daughters and a son.

**Thomas M. Sproch J'44** died November 20, 1997. He practiced general medicine in Latrobe, PA until 1962. He then completed a radiology residency and ultimately became Chief of Radiology at the Latrobe Area Hospital, Latrobe, PA. He was a Fellow of the American College of Radiology. Dr. Sproch was one of nine members of his family to attend Jefferson Medical College; his niece Amy L. Sproch is to graduate in June. He is survived by his wife, Joyce, three daughters, and a son.

**Thomas F. Nealon Jr. S'44** died February 23, 1998. Board certified in General and Thoracic Surgery, he held a staff appointment at Jefferson Hospital and rose to the faculty rank of Professor of

Surgery at Jefferson Medical College. He was a member of Dr. Gibbon's operative team who performed the world's first open heart operation in May 1953 at Jefferson Hospital. He became Chairman of the Department of Surgery at St. Vincent's Hospital, New York City, in 1968 and held dual appointments as Professor of Surgery at New York University School of Medicine and New York Medical College. He was a prolific author, and member and officer in most of the prestigious surgical societies. He served on the Board of Governors of the American College of Surgeons, and was a former president of both the New York Cancer Society and the New York Surgical Society. At the time of his death he resided in Greenwich, CT. He is survived by his wife, Cay, two daughters and two sons. Son William is Jefferson '79.

**Robert R. McDonnell '45** died December 11, 1997. Board certified in Neurosurgery, he practiced in New Haven, CT and held staff appointments at Yale-New Haven Hospital and the Hospital of Saint Raphael, New Haven, CT. He was a Fellow of the American Association of Neurological Surgeons, a Clinical Instructor in Neurosurgery at Yale School of Medicine, and a past president, New Haven County Medical Association. He is survived by his wife, Ruth, and six daughters.

**William C. Herrick '47** died March 17, 1998. Board certified in Pathology, he

became Assistant Professor of Pathology at Jefferson Medical College. After service in the US Navy, he relocated to La Mesa, CA. He served as Director of Pathology, Grossmont Hospital, La Mesa, CA for 35 years and received the Grossmont Hospital Distinguished Service Award. He served on the California State Board of Health, and was a past president of the San Diego Medical Society. He is survived by his wife, Lillian, two sons and two daughters.

**Calvin C. Mitchener '49** died November 15, 1997. Board certified in Dermatology, he practiced in Charlotte, NC. A Fellow of the American Academy of Dermatology, he is survived by his wife, Cynthia, three sons and a daughter.

**Carter F. Cort '50** died September 9, 1997. Board certified in Obstetrics and Gynecology, he practiced in Fairmont, WV. He held a staff appointment at the Fairmont General Hospital, and one of the babies he delivered was Olympic gold medalist Mary Lou Retton. At the time of his death he resided in Vero Beach, FL. He is survived by his wife, Doreen, three sons and three daughters.

**Warren J. Reinhard '51** died February 20, 1998. He practiced family medicine in Southport, CT from 1952 to 1977. He then served as an Emergency Room Physician at Griffith Hospital, Orange, Ct until retirement in 1990. He is survived by his wife, Marian, four sons and a daughter.

**Cameron S. Ward '51** died November 15, 1997. A member of the Alpha Omega Alpha Honor Medical Society and board certified in Internal Medicine, he practiced Cardiology in Woodland, CA. He held the rank of Associate Clinical Professor of Medicine, University of California, San Francisco. He is survived by his wife, Marilyn, and a daughter.

**Leo J. Maguire '52** died February 12, 1998. Board certified in Urology, he practiced in Upper Darby, PA. He held staff appointments at Fitzgerald Mercy Hospital, Darby, PA and Riddle Memorial Hospital, Media, PA. He held a Jefferson faculty rank of Associate Clinical Professor of Urology. He is survived by a daughter and three sons. Son Leo Jr. is Jefferson '80, son David is Jefferson '82, and son Joseph is Jefferson '83.

**J. Rodney Meredith '53** died February 17, 1998. He practiced general medicine in Haddonfield, NJ for ten years. He then went into Industrial Medicine and served as Eastern Regional Medical Director for Mobil Oil Corporation. He is survived by his wife, Diane, and three sons.

**Louis J. Wilkie '53** died December 12, 1997. Board certified in Radiology and Nuclear Radiology, he had served as Assistant Professor of Radiology, Creighton University School of Medicine, Omaha, NE. A Fellow of the American



College of Radiology, he became Chief, Nuclear Medicine, Veterans Administration Medical Center, Asheville, NC in 1980. He is survived by his wife, Linda, four daughters and a son.

**Richard S. Millberg '54** died December 8, 1997. He practiced general medicine at the Ashtabula Clinic, Loudon, TN. He is survived by his wife, Mary. We have no further information at press time.

**Thomas G. Bell '56** died September 21, 1997. Board certified in Internal Medicine, he practiced in Clearfield, PA. He was the first Clearfield County physician to be board certified in Internal Medicine. We have no further information at press time.

**Edward D. McLaughlin '56** died March 6, 1998. Board certified in General Surgery, he was Chief of Surgery, Misericordia Hospital, Philadelphia, PA, Associate Chairman of Surgery, Mercy Catholic Medical Center, Darby, PA and Associate Professor of Surgery at Jefferson. A noted researcher, teacher and author of many scientific articles, he received the Christian R. and Mary F. Lindback Award for Distinguished Teaching at Jefferson in 1974. He is survived by his wife, Mary Louise, two daughters and a son.

**George A. Salverian '57** died January 12, 1998. He was in family practice in Huntingdon

Valley, PA. He held staff appointments at Abington Memorial Hospital, Abington, PA and Holy Redeemer Hospital, Meadowbrook, PA. He served as Physician to the Lower Moreland, PA, Fire and Police Departments, and was an award winning photographer. He is survived by his wife, Ilah, three sons and two daughters.

**William H. Newman III '61** died October 26, 1997. He practiced general medicine in Clarks Summit, PA and held a staff appointment at Moses Taylor Hospital, Scranton, PA. He served as team physician for the Abington Heights School District of Lackawanna County for 19 years. He is survived by three sons and a daughter.

**Richard L. Bennett M.D. '64, Ph.D.** died December 1, 1997. Board certified in Obstetrics and Gynecology, he practiced in Akron, OH. He was Clinical Assistant Professor of Obstetrics and Gynecology, Northeastern Ohio Universities College of Medicine. A noted women's health care advocate, he earned a doctorate from the Institute for Advanced Study of Human Sexuality in 1976. A Fellow of the American College of Obstetricians and Gynecologists, he is survived by a son and two daughters.

**Merrill A. Anderson '65** died January 8, 1998. Board certified in Family Medicine, he practiced in Wayne, PA until 1975 when he became Director of the Family Medicine Residency Program

at Jefferson. From 1977 to 1981, he was Assistant Director of the Family Medicine Residency Program and Vice Chief of the Department of Family Medicine, Richland Memorial Hospital, Columbia, SC. In 1981 he was appointed Chairman of the Department of Community Medicine and Family Practice Unit of the Jacksonville, FL Health Education Program, and Director of the Family Medicine Residency Program, St. Vincent's Medical Center, Jacksonville, FL. He held an appointment as Clinical Associate Professor of Family Medicine, University of Florida School of Medicine. An educator, researcher and author, he is survived by his wife, Carol, and three daughters.

**Francine T. Crane '95** died December 25, 1997 in a motor vehicle accident. She was a resident in Internal Medicine, Greenville Memorial Hospital, Greenville, SC. She is survived by her parents and a sister.



*Dr. Crane with Professor Edward McGehee '45 at the Senior Class Party on the eve of her graduation from Jefferson*

## Faculty

**Eric A. Corkhill Jr.**, Clinical Assistant Professor of Obstetrics and Gynecology, died January 24, 1998. He practiced in Radnor, PA, and from 1977 to 1987, he was Director of Obstetrics and Gynecology, Bryn Mawr Hospital, Bryn Mawr, PA. He is survived by his wife, Lucinda, a son and a daughter

**Robert T. Lentz, M.S., Sc.D.**, Librarian (1949-1967), and first University Librarian (1969-1975) died March 2, 1998. He joined the Jefferson library staff in 1931 and taught medical bibliography and library science. He was responsible for planning the new library facility that became the new Scott Memorial Library in 1970, and for initiating the new and innovative programs that distinguish this modern medical library. Jefferson awarded him an honorary Doctor of Science Degree in 1980. He is survived by his wife, Marjorie, and two sons.

**Elizabeth Wallace Hodges**, wife of John H. Hodges '39, died February 26. She is survived by Dr. Hodges and their son. Betty Hodges was a familiar figure at Jeff, kind, unassuming, and beloved to generations of graduates and faculty. She was active on the hospital Women's Board. Her father William Alexander Wallace had graduated from Jefferson Medical College in 1920, and her uncle Clarence MacNair Wallace in 1934.

# CLASS NOTES

'45

**Kent P. Cooper** of Cape Coral, FL volunteers at the Senior Friendship Clinic in Fort Myers.

'46

**Aaron D. Barnett** of Philadelphia, PA may have retired seven years ago, but he remains active by teaching surgery around the world, including such exotic locales as Indonesia, Thailand, and Israel. While in the States, he brushes up on his anthropology and archeology by attending classes at the University of Pennsylvania.

'48

Having retired eight years ago from a satisfying career in radiology, **Robert S. Lackey** of Charlotte, NC now fills his days with computers, literature, philosophy, and financial planning. In his spare time he works on his golf handicap in Pawleys Island, SC.

'49

In December, the American College of Surgeons recognized **S. Stuart Mally** of Atlantic City, NJ with its Distinguished Service Award.

**Sheldon Rudansky** of Garden City, NY maintains a urology practice as Chairman Emeritus at Winthrop University Hospital.

'50

Amish families in Lancaster County consider themselves fortunate to continue to receive house calls from **Vincent P. DeAugustine** of Peach Bottom, PA, who has officially retired.

'53

**Harold Y. Allen** of Chambersburg, PA is spending his retirement as a volunteer at the Washington County Museum of Fine Arts in Hagerstown, MD.

**Joseph J. Armao** of Springfield, PA is the current Medical Director of Fair Acres Geriatric Center in Lima, PA.

Having retired from clinical practice, **Willard S. Krabill** of Goshen, IN currently serves on the board of Goshen General Hospital and on three institutional ethics committees in the Michiana area.

'54

**Edward A. Renquest** of Marmora, NJ retired in 1996 from family practice.

'55

**Edwin D. Arsht** of Springfield, PA retired from family practice but continues to serve as Medical Director of Harlee Manor Nursing Home.

'56

After retiring in 1993, **J. Harold Housman** of Lititz, PA spent over two years in Kano, Nigeria teaching local doctors the ins and outs of cataract surgery. Housman writes, "18,000,000 cataracts need surgery in the Third World."

**Robert J. Maro Sr.** of Cherry Hill, NJ continues his active family practice with son, **Bob Maro Jr.** '80 in South Jersey.

## Steiner Appointed Radiology Chair at New York Methodist

**Robert M. Steiner** '64 has been selected as Chairman of the Department of Radiology of New York Methodist Hospital, a 550-bed medical center



appointed Director of General Diagnostic Radiology.

Currently, Steiner is President of the Society of Thoracic

serving west and central Brooklyn. He was also appointed Professor of Radiology at Cornell University School of Medicine and Associate Chairman of the Department of Radiology at New York Hospital, Cornell Medical Center.

Radiology, the world's largest medical society devoted to thoracic imaging, and Chair of the Chest Accreditation Project of the American College of Radiology. He also is a past President of the Philadelphia Roentgen Ray Society.

Steiner, a Professor of Radiology and Medicine, has been a member of Thomas Jefferson University Hospital's Department of Radiology since 1972, where he first served as a member of the clinical faculty. In 1976, he was selected as Chief of Thoracic Radiology and later

During his years at Jefferson, Steiner's academic interests have included cardiac and pulmonary radiology and imaging of hematologic diseases. He has written four books and more than 120 book chapters and journal publications.

**Richard T. Price** of Perkasié, PA continues to practice full-time as senior member of TriValley Primary Care, a 16-physician group with five offices located in Upper Bucks and Eastern Montgomery counties. Price, who has precepted senior students in Jefferson's Department of Family Medicine for the last 22 years, continues to find teaching fun and challenging.

**Antonio R. Ramos-Barroso** of Guaynabo, PR continues to practice (gynecology only) between extensive travels.

'57

**Max M. Koppel** of Philadelphia, PA proudly announces the birth of his first granddaughter, Rebecca Samantha.

'58

After a lengthy hiatus, **Julian D. Feldman** of Philadelphia, PA has returned to the Jeff community as a member of the Jefferson Faculty Foundation with the Department of Obstetrics and Gynecology. Now a Clinical Assistant Professor of

Obstetrics and Gynecology at Jefferson Medical College, Feldman has joined the medical staff of Thomas Jefferson University Hospital after 35 years with Pennsylvania Hospital. Prior to his appointment at Jefferson, he served as Acting Vice Chairman of the Department of Obstetrics and Gynecology at Pennsylvania Hospital and was Assistant Clinical Professor of Obstetrics and Gynecology at the University of Pennsylvania School of Medicine. In Feldman's three and one-half decades as a solo practitioner at Pennsylvania Hospital, it was not unusual for him to care for three or four generations of the same family. His extensive clinical experience is equally matched by his research, which has been published in such scholarly journals as the *Journal of the American Medical Association* and *Obstetrics and Gynecology*.

'59

**K. Douglas Bowers Jr.** of Morgantown, WV was honored as the "most loyal faculty and staff mountaineer" by the West Virginia University Student Foundation. The award, which recognizes faithfulness to WVU ideals and goals, as well as support of its activities through leadership and service, was given to Bowers, a WVU team physician for the past 30 years. He retired from the position last year.

**Archbold M. Jones Jr.** of Sarasota, FL has happily retired from pediatrics. He's playing tennis at least five times a week and doing lots of travelling with his wife, Marie.

'62

**Stanley Bernstein's** Family Practice Associates of Cumberland County has burgeoned into a six-doctor partnership that serves the Bridgeton, NJ area.

**Henry Gelband** of Key Biscayne, FL continues to perform medical research.

'63

**Matthew N. Boulis** of Moorestown, NJ has been appointed Clinical Assistant Professor of Pediatrics at Allegheny University Hospital.

**John N. Rightmyer** of Hamburg, PA is a Governor for Rotary International.

'65

**Paul B. Jones** of Grand Junction, CO has been appointed to the Board of Directors of the Colorado Medical Society.

The American College of Surgeons to the Board of Governors has elected **Amilu S. Rothhammer** of Colorado Springs, CO to an additional one-year term as Secretary.

'66

**Andrew L. Bender** of Westwood, NJ is back in practice after completing a two-year fellowship in Neuro-oncology at Memorial

## Francis Elected to ACP Board of Regents

**Charles K. Francis** '65, internist and cardiologist, has been elected to the American College of Physicians Board of Regents. He took office during the ACP's 79th Annual Session in April in San Diego.



councilor of the New York Downstate Region I Chapter in 1997.

Francis completed his residency and fellowship training in cardiology at Boston City Hospital and Massachusetts General Hospital.

As a member of the 30-person board, Francis will help to manage the business and affairs of the ACP, the nation's largest medical specialty organization with more than 100,000 internists and medical student members.

Francis is Professor of Clinical Medicine at Columbia University in New York and Director of the Department of Medicine at Harlem Hospital Center. An ACP fellow since 1996, Francis served as

A member of the Institute of Medicine since 1990, he currently serves as chair of the Council on Clinical Cardiology of the American Heart Association. Francis also serves on the Board of Governors of the Magnuson Clinical Center (National Institutes of Health), the Board of Directors of the Association of Black Cardiologists, and the Board of Directors of the American Board of Internal Medicine.

Sloan-Kettering Cancer Center in New York. He recently remarried and is enjoying his family.

**John A. Manfredi** of Woodstock, GA proudly announces that his sons, Joseph A. Manfredi '99 and John R. Manfredi '01, are following in his footsteps at Jefferson Medical College.

**Carl L. Reams** of Danville, PA begins his term as President of the Pennsylvania Academy of Otolaryngology/Head and Neck Surgery in June.

'67

**Wm. Duany Ferguson** of Seattle, WA continues to practice community psychiatry (primarily geriatric and inpatient).

'68

**Norman Label** of Nevada City, CA was formally installed as the 124th President of the Sacramento-El Dorado Medical Society. Label has served as Vice President of Emergency Physicians Medical Group since 1995 and has been a member of the Board of Directors of the Sacramento-



El Dorado Medical Society since 1994. He has also served as alternate councilor for the California Chapter of the American College of Emergency Physicians (1993-94), member of the CMA Technical Advisory Committee on County Medical Indigent Programs (1993), and SEDMS representative on the Medical Managed Care Oversight Committee. He served as an officer of Sierra Pacific Emergency Medical Group through its merger with Emergency Physicians Medical Group in 1995.



**Russell J. Stumacher** of Wynnewood, PA has become Allegheny University Hospital's new Director of Infectious Disease Education and Associate Professor of Medicine at Allegheny University of Health Sciences.

**James B. Turchik** of Syracuse, NY finds teaching second, third and fourth year students at the State University of New York an exciting prospect. He is a Professor of Medicine at SUNY and also the Director of Infectious Diseases and Assistant Chief of Medicine at Crouse Irving Memorial Hospital.

'70

**Gerald S. Besses** of Petaluma, CA writes, "The financial pressures of medicine are too great!" He has left solo practice to work as a lawyer for the California Department of Corporations in the Health Care Regulatory Division in San Francisco.

**William D. Bloomer** of Winnetka, IL was awarded the Gold Medal of the American College of Radiation Oncology on April 26 during the group's annual meeting in Washington, DC. The Gold Medal is the organization's highest award and recognizes both extraordinary service to the college and major contributions to the profession. Bloomer, who is only the fourth person to receive this honor, is Chairman of Radiation Medicine at Evanston Northwestern Healthcare and Professor of Radiology at Northwestern University.



'71

**William C. Davison** of Chicago, IL, an Assistant Professor of Neurology at Northwestern Medical School, was recently appointed to the Board of Directors of Resurrection Health Care Corporation.

## Kaplan Appointed Dean of School of Medicine at Louisville

The University of Louisville has appointed Joel A. Kaplan '68 as Senior Vice Provost for Academic Affairs, Vice President for Health Affairs, and Dean of the School of Medicine.



Kaplan currently serves as Senior Vice President for Clinical Affairs at Mount Sinai Medical Center, New York. A respected scientist in the field of cardiac anesthesiology, he has authored nine textbooks, 24 text chapters, and 118 journal publications. Kaplan is currently Editor-in-Chief of the *Journal of Cardiothoracic and Vascular Anesthesia*.

In addition to his duties as President of Mount Sinai's Faculty Practice Association, Kaplan is a Diplomate of the American Board of Medical Manage-

ment and a certified physician executive. He is enrolled in a master's degree program in medical management at Tulane University.

He spent two years as a Clinical Instructor at the University of Texas Medical School in San Antonio and nine years at Emory University School of Medicine, progressing to an appointment as professor in 1979. He moved to Mount Sinai in 1983.

**David H. Hennessey** of Sewickley, PA continues to maintain his pediatric practice and is president of the board of trustees of the local public library.

After years in academic medicine, **Barbara L. Tenney** of Pottsville, PA made "the clinical plunge" and joined one of the Penn State/Geisinger Health Community Practices. The pediatric office will host Jefferson residents on rotations.

'72

**Susan E. Beatty** of Malvern, PA has been named Associate Medical Director in the Medical Research and Communications Group at Zeneca Pharmaceuticals in Wilmington, DE. She will be working with the medical research and communications groups responsible for prospects related to Accolate (zafirlukast), the first leukotriene receptor antagonist to reach the U.S. market, and the first new class of asthma treatment in 10 years. She oversees Phase IIIB and IV clinical trials of the drug.

*continued page 26*



## Spectacular Ski Week with CME at Big Sky, Montana

Mother Nature cooperated to provide a spectacular week at Big Sky, Montana for over 70 alumni, faculty, family, and friends. Clear skies and warm temperatures prevailed all week resulting in the best of packed powder skiing conditions. Big Sky ski resorts more than lived up to its reputation of "no lift lines." Waiting more than one to two minutes for the lift was extremely rare. This resulted in participants spending most of their time on the slopes rather than waiting to board a chair lift or the gondola.

The educational sessions, "What Every Doctor Should Know: A General Medical Update," were held in the morning and late afternoon. Lectures given by faculty and alumni were well received and participants gained 16 CME credits. Lectures covered a variety of fascinating medical and surgical topics including acute postoperative pain management, spinal stenosis, curable dementias, acute necrotizing pancreatitis, and carotid artery disease.

An opening reception was held on Sunday, the day of registration, allowing everyone to get to know each other. Thursday evening, a buffet dinner was held in the Huntly Lodge.

Many took advantage of the other winter activities available in the Big Sky area. Alumni and their families took snow

coaches or snowmobiles through Yellowstone National Park. Bison and elk were plentiful and easily seen close to the roads. Also sighted were coyotes, trumpeter swans, and bald eagles. Some members of the group took a cross-country ski tour of the backcountry of Yellowstone.

In addition to the Yellowstone trip, the Lone Mountain Ranch (at Big Sky) provided an outstanding cross-country skiing facility. Its extensive system of trails was available for all levels of cross-country skiers from beginner to expert. Winter fly-fishing was also tried during a rest day from downhill skiing.

Overall, this was deemed the best ski trip yet. All members of the group came to a consensus that a RETURN TO BIG SKY should be planned for a future trip. The Travel Committee will explore other venues for 1999 with a tentative plan to return to Big Sky in the year 2000.

More pictures from this year's trip and plans for next year can be seen on the alumni website at <http://jeffline.tju.edu/CWIS/JMC/alumni/jmc-alumni.html>. Plans for 1999 have already begun with this year's participants strongly in favor of finding another place somewhat off the beaten path that has the same magic as Big Sky did in 1998. 📷



# CLASS NOTES

'73

**Peter C. Amadio** of Rochester, MN was elected President of the American Association for Hand Surgery. The annual meeting will be held in Hawaii in January 1999.

**Paul A. Bialas** of Warren, PA has been elected President of the medical staff of Warren General Hospital, where he continues in private practice and serves as Chief of the Division of Internal Medicine. His wife, Deborah, has joined him in his practice as a certified nurse practitioner.

In April 1997, **Daniel M. Scotti** of Haddonfield, NJ was appointed Chairman of Radiology at Our Lady of Lourdes Medical Center in Camden, NJ.

**Richard M. Sostowski** has been elected a Fellow of the American Psychiatric Association. Richard is also a Fellow of the American Academy of Psychoanalysis. Richard is currently a Clinical Associate Professor Psychiatry at the University of Medicine and Dentistry of New Jersey and maintains private practices in Millburn and Bernardsville.

'74

**John Hermanovich Jr.** of Wyomissing, PA is Director of the Cardiac Catheterization Lab at the Reading Hospital and Medical Center and a member of Cardiology Associates of West Reading, PA.

'75

**Joseph Basil Giletto** of Ishpeming, MI heads the Department of Otolaryngology at Bell Memorial Hospital. He writes that "ishpeming" is Native American for "eyes of heaven" and that to see the seasons there is to understand the origin of the town's name.

**Susan Luscombe** is an ophthalmologist in Aventura, FL. She presently specializes in cataract and glaucoma surgery and excimer laser.

'76

**Richard E. Brownstein** of Vicksburg, MS has joined the medical staff of River Region Medical Corporation in the practice of gastroenterology.

**Sandra W. Horowitz** of Flossmoor, IL was promoted to Associate Professor of Radiology (Neuroradiology) at Loyola University Medical Center in suburban Chicago.

Internist **Peter K. Marsh** of Tacoma, WA was elected President of the Washington State Medical Association for a one-year term. "It has been a very interesting year so far, both going out to the counties to get their input and representing physicians in the legislature," he states.

**Nancy S. Roberts** of Wynnewood, PA writes, "As my first year as the Systemwide Chair of Obstetrics and Gynecology in Main Line Health System draws to a close, I am finally becoming able to acclimate. Kids, husband, practice, and politics have kept me busy!"

**Samuel R. Ruby** of Rose Valley, PA is Chief of Medicine and Chief of Cardiology at Taylor Hospital in Ridley Park.

**Elizabeth H. Thilo and Eugene E. Wolfel** are still in Denver, CO at the University of Colorado School of Medicine. Elizabeth is an Associate Professor of Pediatrics and a neonatologist at The Children's Hospital, while Eugene is a Professor of Medicine and Director of Fellowship Training in Cardiology.

'77

**S. David Scott** of Erdenheim, PA has a solo pulmonary practice in Philadelphia where he specializes in treating asthma. He has been a professional medical illustrator since 1989.

**Alan M. Sugar** of Wellesley, MA is Professor of Medicine at Boston University School of Medicine and Director of HIV/AIDS Program at Cape Cod Hospital in Hyannis, MA.

'78

**Kimberly R. Best-Long** of Chester Springs, PA continues in her third year of psychoanalytic training.

**Thomas J. Danyliw** of Essex, CT was named the Medical Director of Middlesex Hospital's Occupational Medicine Program. Danyliw, who is board certified in family practice and occupational medicine, will oversee the occupational health program that currently serves more than 300 local

companies. He has been certified by the American Board of Medical Management, the American Board of Independent Medical Examiners, and the Medical Review Officer Certification Council. He is also a senior Federal Aviation Administration Medical Examiner.

**Marc J. FINDER** of Buffalo Mills, PA has completed his MBA.

**Katherine C. Krause** of Philadelphia, PA writes, "Marjorie Bowman and I set up shop at Penn across town to start a Department of Family Practice and Community Medicine. We are the newest department in the country's oldest medical school, spreading the Jefferson influence."

**Eric J. Werner** of Norfolk, VA has been appointed Professor of Pediatrics at Eastern Virginia Medical School.

'79

**Janis P. Campbell** of Calgary, Canada continues to practice dermatology. She is currently involved with Laser Rejuvenation and Spas, an Alberta-based public company offering laser hair removal and other aesthetic procedures.

'80

**Martin J. Carney** of Virginia Beach, VA was elected President of the Virginia Society of Plastic and Reconstructive Surgeons for 1997-99. He and his wife, Nadia, are proud parents of their fourth child, Mary Olivia, born May 9, 1997.





## Receptions in Newark and Wilmington Welcome Jefferson Leaders

Henry Liss '48, State Vice President for New Jersey, hosted a reception in Newark, New Jersey on November 5. Here he is presented with a Jefferson history volume by 1997-98 Alumni President Joseph W. Sokolowski Jr. '62. At the reception, Dean and Senior Vice President Joseph S. Gonnella, M.D. spoke about the strength of Jefferson today. Also speaking were Benjamin Bacharach '56, Associate Dean for Admissions, and Clara A. Callahan PD'82, Associate Dean for Student Affairs.



Joseph F. "Ted" Kestner Jr. '68, host of a reception in Wilmington on April 1, with guest speaker University President Paul C. Brucker, M.D. Other speakers were Benjamin Bacharach '56, Associate Dean for Admissions, and Joseph W. Sokolowski Jr. '62, President of the Alumni Association 1997-98. photos by Eric Crossan



Morton Schwimmer '51  
and Jackie Schwimmer

photos by Galis



Former Associate Dean for  
Student Affairs and Honorary  
Clinical Professor Carla E.  
Goepp IM'69 with Dean  
Gonnella



Charles Levy '28 and Ruth Levy



Alan R. Spitzer, M.D., the Brent  
Professor and Chair of Pediatrics,  
with Katherine L. Esterly, M.D.,  
Clinical Associate Professor

Classmates James P. Marvel  
'62 and President Joseph W.  
Sokolowski Jr. '62 with  
Maureen Sokolowski



Dr. Callahan; Robert  
S. Levitt '63; Joan  
Levitt; Raj K. Sinha  
M.D. '89, Ph.D.



Mini-reunion of the Class of  
'56: Edwin Rothfeld; Eugene  
Bonacci; Owen Chang;  
Bertram Shapiro; Benjamin  
Bacharach. Seated in front  
are Maureen Bonacci and  
Arlene Creagh.



Yogish Patel ON'76  
and Anja Patel with  
Albert Gelb '49



Michael A. Cosgrove '99;  
Diana Dietson-  
Witmer, M.D.;  
Martin J. Cosgrove '64

## Stay in Touch with Classmates and Colleagues Visit the Homepage of the JMC Alumni Association

<http://jeffline.tju.edu/CWIS/JMC/alumni/jmc-alumni.html>

Learn how you can use the Internet to stay linked to Jefferson Medical College and your classmates and colleagues. Register to be included in the password-protected JMC alumni e-mail directory.

Change your address on-line.

Send class notes about your professional and personal activities to the *Alumni Bulletin* electronically.

Get the latest information about Reunion Weekend and other Jefferson events.

Volunteer on-line to host a senior visiting your city for residency interviews.

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There is no charge for this service of the Alumni Association of Jefferson Medical College.

For more information, call the JMC Alumni Office at 215-955-7750 or e-mail us at [jmc-alumni.office@mail.tju.edu](mailto:jmc-alumni.office@mail.tju.edu)

**Jeffrey H. Lubin** of Shavertown, PA is the Medical Director of Emergency Medicine at Tyler Memorial Hospital, Tunkhannock, PA where he also runs the paramedic/mobile intensive care unit. He lives in "wonderful" Wyoming Valley in northeastern Pennsylvania with his wife, Mickie, and two boys, Max and Joshua.

**Daniel P. Schweich** of Pensacola, FL is practicing Emergency Medicine at Sacred Heart Hospital in Pensacola.

'82

**Cynthia B. Robinson** of Wayne, PA finished her pulmonary/critical care fellowship at the University of Pennsylvania School of Medicine and completed two years of postdoctoral research at the University of California, Davis. She is currently a Director of Clinical Pharmacology for SmithKline and a volunteer faculty member at the University of Pennsylvania.

'83

**Alex Feinstein** of Lancaster, PA is a staff radiologist at Lancaster General Hospital and Director of Imaging at Lancaster General Health Campus.

**Ronald A. Long** of Huntingdon, PA was named Medical Director of both the Huntingdon and Smithfield State Correctional Institutions in Pennsylvania. He continues to hold a membership on the School Board of the Huntingdon Area School District.

**Leonidas W. Rasis** and **Irene Phillips Rasis** of Wilmington, DE proudly welcome their third child, Pauline, born April 23, 1997. Leo is President of the New Castle County Medical Society and Chief of the Section of Orthopaedic Surgery at the Christiana Care Health System. Irene is Director of Mammography at the Christiana Care Health System.

'84

**Larry H. Pastor** of Arlington, VA would like to inform those

who took the karate class (offered in Jeff Alumni Hall in 1984) with him that he has resumed classes and hopes to test for his black belt later this year.

'85

**Mark DeLaurentis** and his wife, Jamie, of Easton, MD welcomed James Daniel on December 2, 1997 to their family of Jennifer, 17, John, 13 and Jeremy, 11. Mark has partnered with Shore Radiology PA and is trying to market three patents on stent and catheter coatings.

**Donna M. DiCenzo** of Orinda, CA was recently appointed Chief of Women's Health for the Diablo Service Area of Kaiser Permanente in northern California. She continues to work full-time, while supervising her department of 30 obstetric/gynecology physicians, 25 nurse practitioners, and six midwives. Her husband, **Robert Robles** '86, runs a private practice

**Readers are encouraged to submit nominations for the Alumni Achievement Award:** Although the award carries no monetary stipend, each recipient's name is permanently affixed to a plaque prominently displayed at the entrance to Jefferson Alumni Hall. The recipient is presented with a handsome silver tray, suitably engraved and bearing the seal of the medical college, as the highlight of the Alumni Banquet each June. The Achievement Award Committee of the Alumni Association is charged with the final selection; the committee's decisions are not subject to review. Please direct curricula vitae and bibliographies of alumni whose professional activities are sufficiently outstanding to warrant consideration to "Attention: Achievement Award Committee," 1020 Locust Street, Suite M-41, Philadelphia, PA 19107.

in hematology/oncology. They have three children, Roxanne, 10, Luke, eight, and Renato, five.

**Matthew W. Levin** of Monroeville, PA explores physician workplace issues and clinical applications of computers in medicine.

'86

**Patricia A. Shuster** of Tacoma, WA practices obstetrics and gynecology with The Lakewood Clinic in Tacoma.

**William S. Taddonio** of Norristown, PA recently authored an article on

diabetes research that appeared in the *Mercury*, Pottstown's local newspaper.

**Scott L. Wiesen** of Naples, FL runs a gastroenterology and hepatology practice. He is board certified with advanced training in all diagnostic and therapeutic endoscopic procedures.

'87

**Sharon A. Beckhard** of Allentown, PA has a very busy and rewarding solo neurology practice at St. Luke's Hospital in Bethlehem. She is eagerly looking for an associate.

**Karyn Montgomery** of Westport, MA announces the birth of a daughter, Kyra Jane Boss, on June 17, 1997. Montgomery has one other child, Nicholas David, age four.

'88

**David V. Craft** of Jamison, PA is an orthopaedic surgeon with offices in Abington and Willow Grove.

**Michael Lees** of Easton, MD was recently featured in the *Chesapeake Business Ledger* as one of a growing number of "hospitalists" in the Shore Health System.

**Michael C. Munin** of Pittsburgh, PA and wife, Alison, proudly announce their new bundle of joy, baby girl Shaina, born March 19, 1998.

**Robert B. Pollack** of San Diego, CA has established a solo plastic surgery practice in San Diego.

**Michael J. Walker** of Danbury, CT married in Seattle, WA on August 31, 1997. Among the attendees at the happy event were **Steven E. Copit '88** and **Mark E. Carney OTO'95**.

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# CLASS NOTES

'89

**Robert A. Medve** of Raritan, NJ has been appointed Director of Global Clinical Research and Development for Johnson & Johnson Corporation. Medve and his wife, Kathleen, are currently enjoying life with their horse and four dogs in rural New Jersey.

**Catherine R. Salvati** and husband, Patrick Boinest, of Alexandria, VA proudly announce the birth of their daughter, Victoria MacKenzie, born January 4, 1997. Salvati is currently an Assistant Professor of Medicine at George Washington University and a member of the university's Primary Care Associates.

'90

**Ronald Berne** and his wife, Dina, are proud to announce the arrival of their daughter, Sophie, born March 14, 1998. **Bernard Berne '56** is now the proud grandpa of 10. Ron has moved his dermatology and dermatologic surgery practice to A&G Dermatology in Chicago, IL.

**Sanghoon Kim** of Bryn Mawr, PA has been appointed Clinical Instructor and Attending Physician for the Department of Rehabilitation Medicine at Jefferson.

**John J. Monroe Jr.** and family of Westerly, RI welcome their new family member, Elena Grace, who was born on March 22, 1997 and arrived from Korea, October 1, 1997.

**Daniel P. Moore** and **Veda L. Jovanovich Moore** of

Greenville, NC were married in August 1994. Dan is the Director of the Pediatric Rehabilitation Unit at East Carolina University and Veda is a partner at White-Eye Associates.

'91

In July, **Andrew K. Feng** and **Diane L. Ching '92** of San Francisco return to the Philadelphia area after a lengthy hiatus. Andrew will join the staff at the Children's Medical Center at Temple University as a pediatric intensivist. As a bonus, he will enjoy a joint clinical appointment at Thomas Jefferson University Hospital as the Temple group currently manages the pediatric intensive care unit at TJUH.

**James W. Freeman** and wife, Sandi, of Shippensburg, PA joyfully announce the birth of Carly Fitzgerald on November 13, 1997.

**Stanley C. Marczyk** of Absecon, NJ has been appointed to Shore Medical Hospital's medical staff with privileges in orthopaedic surgery.

**Sanjiv C. Patel** of Cherry Hill, NJ has just changed jobs. She's left Thomas Jefferson University Hospital Family Medicine to join the Family Practice Residency Program in Burlington County, NJ.

**Lynda A. Szczech** of Greenwich, CT has recently finished her nephrology fellowship at the University of Pennsylvania where she earned a master's degree in Clinical Epidemiology and Biostatistics. She will accept a position as an Assistant Professor of Medicine at Duke University Medical Center in July to continue her research.

'93

**David C. Adams** of Las Vegas, NV is the Flight Surgeon for the USAF Thunderbirds. He invites everyone out to the air show to watch them fly!

**Gavin C. Barr Jr.** and wife, Maria, proudly announce the birth of a baby boy, Gavin III, born August 29, 1997. Barr practices emergency medicine at Lehigh Valley Hospital in Allentown, PA.

**Richard D. Battista** of Ardmore, PA proudly announces his marriage to Marlene Sheetz on April 18, 1998. Battista, who will complete his residency in orthopaedic surgery at Albert Einstein Medical Center this July, will then join the Department of Orthopaedic Surgery at the Naval Hospital of Roosevelt Roads in Puerto Rico.

**Michael F. Harrer** of Kendall Park, NJ has been elected a

member of the Alpha Omega Alpha Medical Honor Society. Harrer, who is a resident in the Department of Orthopedics at UMDNJ-Robert Wood Johnson Medical School, was selected by AOA student members of the Class of 1998 for his outstanding performance in the areas of academic and clinical excellence as well as in teaching. In the upcoming academic year, he is slated for an Adult Reconstruction Fellowship in Mt. Vernon, VA.

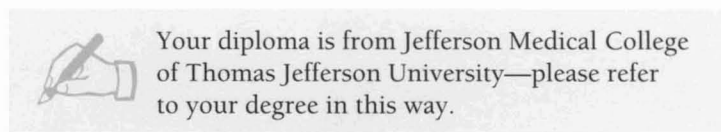
**Jane Hughes** and husband **Kurt M. Heil '95** of Falls Church, VA announce the birth of Matthew Beck Heil. Jane is currently finishing her fellowship in pediatric ophthalmology and strabismus as Kurt wraps up his family medicine residency.

'94

**Jerry D. Walker Jr.** of Edwards AFB, CA was recently nominated as the Company Grade Officer of the Year, 1997 for the 95th Medical Group as well as Company Grade Officer for the Fourth Quarter, 1997 for the 95th Air Base Wing of Edwards AFB. He was the personal flight surgeon for the former Air Force Chief of Staff, General Ronald Fogelman. He also serves on the Space Shuttle Recovery Team at Edwards, working with NASA astronauts. Walker, who will return to an internal medicine residency this summer, and his wife, Amanda, have four children.

'95

**David M. Garth** and his wife, Mary, of Voorhees, NJ celebrated the first birthday of



their son, Bruce, on April 19, 1998. David has accepted a position in Fredericksburg, VA.

**Paul R. Stauffer** of York, PA and Debra Ann Rogan were married in Santa Ana, CA on April 19, 1998.

**Joshua Winslow** of Honolulu, HI starts his cardiology fellowship in July 1998 at Brooke Army Medical Center in San Antonio, TX.

#### '97

**David H. Finkelstein** of Cherry Hill, NJ and wife, Sally, proudly announce the birth of their first child, Mitchell Joseph, born April 4, 1998.

### Postgraduate Alumni

**Doris Gorka Bartuska** **END'58** was awarded an honorary doctor of science degree from Wilkes University, Wilkes-Barre, PA. Former Director of Endocrinology, Diabetes and Metabolism Clinical Services at the Medical College of Pennsylvania, Bartuska has received numerous teaching awards throughout her career. Now retired from clinical practice, she continues her medical research and writing as a Professor Emeritus at Allegheny University of Health Sciences. In presenting the honor, Wilkes University President Dr. Christopher N. Breiseth lauded her achievements as a member of numerous and professional and community affiliations. Bartuska has received numerous awards, including

the Lindback Distinguished Teaching Award, the President's Recognition Award, the Distinguished Daughter of Pennsylvania Award, and the Gender Equity Award from the American Medical Association.

**Gary S. Packin** **REN'76** of Cherry Hill, NJ has been appointed Adjunct Instructor in Obstetrics and Gynecology and a member of the medical staff at Thomas Jefferson University Hospital. He is certified in gynecologic surgery and reproductive endocrinology.

Conshohocken's weekly newspaper, the *Recorder*, printed a feature article on **J. Lindsey Lane** **PD'82** of Lafayette Hill, PA. Lindsey is the Director of Student Teaching in the Division of General Pediatrics at Jefferson Medical College and Co-Director of the Jeff Kids Program, which connects first-year medical students with mothers of newborns during the first year of the baby's life.

**Anthony Infantolino** **IM'88** of Philadelphia, PA was appointed Clinical Assistant Professor of Medicine and Director of Endoscopic Ultrasound, Division of Gastroenterology and Hepatology, at Jefferson Medical College and a member of the medical staff at Thomas Jefferson University Hospital and Methodist Hospital. Prior to this appointment, Infantolino was Clinical Director of Gastrointestinal Endoscopy at

Graduate Hospital and Clinical Assistant Professor of Medicine at the University of Pennsylvania. "We are very fortunate to have recruited a physician of Dr. Infantolino's stature," says Anthony J. DiMarino Jr., M.D., William Rorer Professor of Medicine and Chief of Gastroenterology and Hepatology at Jeff.

"Adding his expertise in endoscopic ultrasound and laser surgery to our division is consistent with our commitment to provide our patients with the highest quality care and the latest advances in gastrointestinal research." Infantolino's research interests include inflammatory bowel disease, gastrointestinal malignancies, gastrointestinal bleeding, reflux disease, and irritable bowel syndrome. He was named Teacher of the Year at Graduate Hospital for the 1993-94 academic year and received the Carl Mansfield Award from the American Cancer Society in 1995.

**Neil S. Silverman** **MFM'90** of Los Angeles, CA has accepted a position as Medical Director of Obstetric Inpatient Services, Associate Professor of Obstetrics and Gynecology, Division of Maternal-Fetal Medicine at Cedars-Sinai Medical Center in Los Angeles with an academic appointment at UCLA.

**Toni Moody** **PD'91** of Apopka, FL is a solo practitioner at Pediatric Healthcare Centers. Her practice was featured in an article in the *Planter*, Apopka's weekly newspaper.

**Juan A. March** **EM'92** of Greenville, NC has been promoted to Chief of the Division of Emergency Medical Services, and tenured Associate Professor in the Department of Emergency Medicine at East Carolina University School of Medicine.

**David E. McGinnis** **U'93** of Philadelphia, PA has been appointed Clinical Assistant Professor of Urology at Jefferson Medical College and a member of the medical staff of Thomas Jefferson University Hospital. Prior to this appointment, McGinnis served as Instructor of Surgery at UMDNJ Robert Wood Johnson Medical School at Camden. He was Director of the Urology Clinic in the Ambulatory Care Center of Cooper Hospital/University Medical Center.

**Jackeline Rodriguez** **ID'97** of Pensacola, FL is now board certified in internal medicine.

**Michael F. Saulino** **PM'97** of Drexel Hill, PA is one of 10 staff physiatrists at Magee Rehabilitation Hospital. There he works with a wide variety of patients with physical and cognitive disabilities, ranging from spinal cord injury survivors to stroke and head injury survivors. He has published articles in *The Physician and Sports Medicine* and *The Journal of Neurochemistry*. Saulino, an ardent supporter of wheelchair sports, instructs Magee's martial arts program for people with disabilities.

